

Client: Example Client ABC123
123 Test Drive
Salt Lake City, UT 84108
UNITED STATES

Physician: Doctor, Example

Patient: Patient, Example

DOB: 8/30/1969
Gender: Male
Patient Identifiers: 01234567890ABCD, 012345
Visit Number (FIN): 01234567890ABCD
Collection Date: 01/01/2017 12:34

Epithelial Basement Membrane Zone Antibody IgG

ARUP test code 0092056

Epithelial BMZ Ab, IgG

See Note

IMMUNODERMATOLOGY REPORT

Specimen(s):

1. Serum specimen

Clinical/Diagnostic Information:

Presumptive diagnosis is bullous disorder.

DIAGNOSTIC INTERPRETATION

Negative IgG, including IgG4, basement membrane zone antibodies by indirect immunofluorescence

(See Results, Comments including additional test recommendations, separate concurrent IgG Pemphigus Antibody Panel report with negative/normal findings and additional comments)

RESULTS

Indirect Immunofluorescence

Basement Membrane Zone (BMZ) IgG and IgG4 Antibodies

IgG: Negative, monkey esophagus substrate
Negative, human split skin substrate

IgG4: Negative, monkey esophagus substrate
Negative, human split skin substrate

Reference Range:

Positive - Titer greater than 1:10

Borderline - Titer 1:10

Negative - Titer less than 1:10

Pattern on Human BMZ Split Skin:

IgG epidermal or epidermal-dermal combined basement membrane zone antibody pattern = pemphigoid

IgG dermal basement membrane zone antibody pattern = epidermolysis bullosa acquisita

(H = high/positive)

COMMENTS

Specific

H=High, L=Low, *=Abnormal, C=Critical

Unless otherwise indicated, testing performed at:

ARUP LABORATORIES | 800-522-2787 | aruplab.com
500 Chipeta Way, Salt Lake City, UT 84108-1221
Tracy I. George, MD, Laboratory Director

Patient: Patient, Example
ARUP Accession: 19-215-401454
Patient Identifiers: 01234567890ABCD, 012345
Visit Number (FIN): 01234567890ABCD
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4848

The negative IgG, including IgG4, basement membrane zone antibodies by indirect immunofluorescence testing are against the diagnoses of pemphigoid and epidermolysis bullosa acquisita. Concurrent IgG Pemphigus Antibody Panel testing demonstrates negative/normal findings (separate report with additional comments).

In certain patients with pemphigoid, IgG BP 180 and/or IgG BP 230 antibody levels by ELISAs may be more sensitive diagnostic markers than indirect immunofluorescence, and, in certain patients with epidermolysis bullosa acquisita, IgG Collagen VII antibodies by ELISA may be a more sensitive diagnostic marker than indirect immunofluorescence. Therefore, if pemphigoid and/or epidermolysis bullosa acquisita are diagnostic considerations, recommend additional ELISA testing which may be accomplished on this specimen by add-on test request for:

- IgG Bullous Pemphigoid Antigens, BP 180 and BP 230, Antibodies (ARUP test number 0092566), and/or
- IgG Collagen Type VII Antibody (ARUP test number 2010905).

Another consideration is that patients with linear IgA bullous dermatosis may have clinical similarity to patients with pemphigoid and epidermolysis bullosa acquisita. To further evaluate for linear IgA disease, additional indirect immunofluorescence testing may be accomplished on this specimen by add-on test request for:

- IgA Epithelial Basement Membrane Zone Antibody (ARUP test number 0092057)

Further testing on this specimen may be requested by contacting ARUP Client Services at 1-800-242-2787 (toll free) option 2.

If it would be helpful to discuss this patient's case with this report, contact ARUP Client Services at 1-800-242-2787 option 2 and ask to speak with the Immunodermatology Laboratory at the University of Utah regarding patient results.

General

Approximately 80 percent of patients with bullous pemphigoid, epidermolysis bullosa acquisita, and linear IgA bullous dermatosis have positive antibodies to basement membrane zone components in their sera. Approximately 20 percent of patients with mucous membrane pemphigoid, including cicatricial pemphigoid, demonstrate antibodies to basement membrane zone components. The pattern of staining on split skin substrate specifies disease. IgG4 subclass reactivity may be more sensitive than IgG in some patients with immunobullous diseases.

TESTING METHODS
Indirect Immunofluorescence

Basement Membrane Zone (BMZ) IgG and IgG4 Antibodies

The patients serum is progressively diluted beginning at 1:5 in two-fold dilutions, layered on sections of monkey esophagus substrate and human skin split at the basement membrane zone substrate, and stained with fluorescein-conjugated anti-IgG using Analyte Specific Reagents (ASRs). Three screening dilutions of serum are tested and, when positive, the serum is further diluted in two-fold reductions to the limiting dilution of antibody detection or to a maximum dilution of 1:40,960. Fluorescein-conjugated anti-IgG4 also is tested to increase test sensitivity (maximum serum dilution of 1:20). These tests were developed and their performance characteristics determined by the Immunodermatology Laboratory at the University of Utah. They have not been cleared or approved by the U.S. Food and Drug Administration. ASRs are used in many laboratory tests necessary

H=High, L=Low, *=Abnormal, C=Critical

Unless otherwise indicated, testing performed at:

for standard medical care and generally do not require FDA approval. These tests should not be regarded as investigational or for research only.
[Immunofluorescence studies, two antibodies on two substrates]

██████████ MD
Immunodermatologist
Electronically signed 8/6/2019 5:32:03PM
Performed at: ARUP - University Hospital Laboratory 50 N. Medical Drive Salt Lake City UT 84132

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Epithelial BMZ Ab, IgG	19-215-401454	8/2/2019 11:40:00 AM	8/5/2019 7:56:09 AM	8/7/2019 4:37:00 PM

END OF CHART

H=High, L=Low, *=Abnormal, C=Critical

Unless otherwise indicated, testing performed at: