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Julio C. Delgado, MD, MS, Director of Laboratories

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

Physician: Doctor, Example

Patient: Patient, Example

DOB	9/6/2014
Gender:	Female
Patient Identifiers:	01234567890ABCD, 012345
Visit Number (FIN):	01234567890ABCD
Collection Date:	01/01/2017 12:34

Epithelial Basement Membrane Zone Antibody IgA

ARUP test code 0092057

Epithelial BMZ Ab, IgA

See Note

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IMMUNODERMATOLOGY REPORT

Specimen(s):
1. Serum specimen

Clinical/Diagnostic Information:
No clinical information provided.

_____________________________________________________________
DIAGNOSTIC INTERPRETATION

Consistent with linear IgA disease (chronic bullous disease of
childhood/linear IgA bullous dermatosis)

(See Results and Comments)
_____________________________________________________________

RESULTS
Indirect Immunofluorescence
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Basement Membrane Zone IgA Antibodies

IgA: Negative, monkey esophagus substrate
 Positive, epidermal pattern, titer 1:320 (H), human
 split skin substrate

 Reference Range:
Positive (H) - Titer greater than 1:10
 Borderline - Titer 1:10
 Negative - Titer less than 1:10

 IgA epidermal, epidermal-dermal combined, or,
dermal basement membrane zone antibody pattern =
linear IgA bullous dermatosis

 (H = high/positive)

COMMENTS
Specific
-----------------------------------------------------------
Based on the positive IgA basement membrane zone antibody
staining on human split skin substrate, these indirect
immunofluorescence results support the diagnosis of linear IgA
disease, including chronic bullous disease of childhood and
linear IgA bullous dermatosis.

General
-----------------------------------------------------------
Approximately 80 percent of patients with linear IgA disease
have positive IgA antibodies to basement membrane zone
components in their sera. Basement membrane zone antibodies are
negative in normal individuals and in patients with other
diseases.
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H – high L – low * – abnormal C – critical

TESTING METHODS
Indirect Immunofluorescence

Basement Membrane Zone IgA 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-IgA 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. 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 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, one antibody on two substrates with one limiting dilution end-point titer]

Immunodermatologist
Electronically signed 4/15/2017 3:23:07PM
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, IgA	17-102-401282	4/11/2017 4:23:00 PM	4/13/2017 9:57:19 AM	4/17/2017 3:30:33 PM

END OF CHART