



Basement Membrane Zone (Epithelial) Antibodies, IgA by IIF

LABORATORIES

Patient: [REDACTED]
DOB: [REDACTED] Age: [REDACTED]
Patient Identifiers: [REDACTED]
Visit Number (FIN): [REDACTED]

Sex: [REDACTED]

Client: ARUP Example Report Only
500 Chipeta Way
Salt Lake City, UT 84108
Physician: [REDACTED]

ARUP Test Code: 0092057
Collection Date: 11/03/2023
Received in lab: 11/06/2023
Completion Date: 11/15/2023

Immunodermatology Serum Test Report Navigation Guide

The Immunodermatology TESTING REPORT from the University of Utah follows "See Note" and is arranged as outlined below on the following pages:

CLINICAL INFORMATION

This content is provided by the ordering clinician and includes the reason for testing.

Specimen Details

This includes specimen identification with collected and received dates.

DIAGNOSTIC INTERPRETATION

This is a synopsis of key findings from the testing and their diagnostic relevance.

RESULTS

This section reports the discrete finding and value of each test component, along with the reference range.

COMMENTS

Specific

These comments provide an explanation of the test results as they relate to clinical considerations, and include reference to any concurrent and/or previous testing.

General

These comments summarize fundamental information about the test(s) and the component(s) assessed to aid in interpretation of their clinical applicability.

TESTING METHODS

The section lists the procedures performed, the test source(s), and the applicable laboratory developed test disclaimer(s).

TEST RESULTS SUMMARY CHART

A chart tabulating results of tests ordered for the patient by the same client is included if previous and/or concurrent testing has been performed.

ELISA RESULTS GRAPH

A graph of ELISA results also is included if previous and/or concurrent testing has been performed; the graph may be found on a subsequent page.

For testing algorithm and additional information, refer to:
arupconsult.com/content/immunobullous-skin-diseases-screening



Patient: [REDACTED]
ARUP Accession: 23-307-103844



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IMMUNODERMATOLOGY LABORATORY REPORT



Submitter

ARUP Sendouts

Basement Membrane Zone (Epithelial) Antibodies, IgA by IIF (Final result)

TESTING REPORT follows "See Note"
See Note

CLINICAL INFORMATION

Patient has pruritus with vesicles and bullae. Presumptive diagnosis is dermatitis herpetiformis versus epidermolysis bullosa acquisita versus bullous pemphigoid.

Specimen Details

[Redacted] - ; Collected: 11/3/2023; Received: 11/6/2023

DIAGNOSTIC INTERPRETATION

Positive serum IgA basement membrane zone antibodies, supporting the diagnosis of linear IgA disease

(See Results and Comments including further testing recommendations)

RESULTS

Indirect Immunofluorescence (IIF)

Basement Membrane Zone (BMZ) IgA Antibodies

IgA: Positive, titer 1:2560 (H), monkey esophagus substrate
Positive, epidermal pattern (roof),

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Printed: 11/15/2023 10:29 PM
Page: 1 of 4



Patient: [Redacted]
ARUP Accession: 23-307-103844

PCP: Unspecified

titer 1:1280 (H), human split skin substrate

Reference Range:

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

Localization Pattern on Human BMZ Split Skin:

Epidermal (roof), combined epidermal-dermal (roof and floor), or, dermal (floor) IgA BMZ antibodies = linear IgA disease (including linear IgA bullous dermatosis and chronic bullous disease of childhood)

IgA and IgG basement membrane zone antibodies may be co-expressed in basement membrane zone antibody-associated diseases

(H) = high/positive

COMMENTS

Specific

The positive IgA basement membrane zone antibodies reacting with monkey esophagus substrate and with human split skin substrate (also known as salt split skin) in an epidermal pattern by indirect immunofluorescence support the diagnosis of linear IgA disease, including drug-induced.

Positive IgA basement membrane zone antibodies with epidermal localization on split skin substrate also can be:

- Co-expressed with IgG basement membrane zone antibodies in pemphigoid;
- Part of the characteristic findings in linear IgA/IgG bullous dermatosis;
- Observed in other autoantibody-associated diseases, including linear IgA variant mucous membrane pemphigoid or lupus erythematosus; or
- Nonspecific (generally, in low titer).

Detection, levels, and patterns of diagnostic antibodies may fluctuate with disease manifestations. Clinical correlation is needed, including with direct immunofluorescence findings on a biopsy specimen and treatment status. If indicated to further evaluate the immunopathological profile with respect to basement membrane zone antibodies, additional testing may be performed on this serum specimen by contacting ARUP Client Services at 1-800-242-2787, option 2, with add-on test request(s) for:

- Basement Membrane Zone (Epithelial) Antibodies, IgG by indirect immunofluorescence (ARUP test number

Copy For:
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Printed: 11/15/2023 10:29 PM
Page: 2 of 4



Patient: [REDACTED]
ARUP Accession: 23-307-103844

PCP: Unspecified

- 0092056), with or without
- Bullous Pemphigoid (BP180 and BP230) Antibodies, IgG by ELISA (ARUP test number 0092566), and
 - Collagen Type VII Antibody, IgG by ELISA (ARUP test number 2010905).

Monitoring serum antibody profiles by indirect immunofluorescence and antibody levels by ELISAs may aid in assessing disease expression and activity, particularly for persisting, progressing, or changing disease, and in response to therapy.

If it would be helpful to discuss the patient 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

Positive serum IgA epithelial basement membrane zone antibodies by indirect immunofluorescence are highly specific diagnostic markers for linear IgA disease and are present in sera of up to 80 percent of patients with linear IgA bullous dermatosis and chronic bullous disease of childhood. Linear IgA disease may be drug-induced, most commonly with vancomycin. IgA basement membrane zone antibodies also may be found in variant presentations of mucous membrane pemphigoid and epidermolysis bullosa acquisita. IgA basement membrane zone antibodies may be co-expressed with IgG basement membrane zone antibodies in some patients with pemphigoid, including mucous membrane/cicatrical pemphigoid, and are characteristically expressed in linear IgA/IgG bullous dermatosis. The presence of two antibody classes with reactivity toward the basement membrane zone may have implications for disease severity and treatment considerations. Positive IgA basement membrane zone antibodies may be useful markers for following disease expression and activity.

TESTING METHODS

Indirect Immunofluorescence (IIF)

IgA Epithelial Basement Membrane Zone (BMZ) Antibodies

Patient serum is progressively diluted beginning at 1:5 in three two-fold screening dilutions, layered on sections of human skin split at the basement membrane zone and monkey esophagus substrates, and reacted with fluorescein isothiocyanate (FITC)-conjugated antibody to IgA. 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. The limiting-dilution, end-point titer is reported for each substrate, and the localization pattern on split skin substrate also is reported. This indirect immunofluorescence testing was developed, and its performance characteristics determined by the Immunodermatology Laboratory at the University of Utah. It has not been cleared or approved by the FDA (US Food and Drug Administration). FDA clearance or

Copy For:
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Printed: 11/15/2023 10:29 PM
Page: 3 of 4



Patient: [REDACTED]
ARUP Accession: 23-307-103844

██████████
PCP: Unspecified

approval currently is not required for this testing performed in a CLIA-certified laboratory (Clinical Laboratory Improvement Amendments) and intended for clinical use. [Indirect immunofluorescence, one antibody on two substrates (IIF X 2) with two limiting-dilution, end-point titers (antibody titer X 2)]

Electronically signed by ██████████ on 11/15/23 at 10:27 PM.

Resulting Laboratory

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Page: 4 of 4

