Client: Example Client ABC123
123 Test Drive

UNITED STATES

Physician: Doctor, Example

Patient: Patient, Example
DOB
Sex:
Patient Identifiers: 01234567890ABCD, 012345
Visit Number (FIN): 01234567890ABCD
Collection Date: 01/01/2017 12:34

Pemphigus Antibodies, IgA by IIF

ARUP test code 0092106

Pemphigus Ab, IgA

See Note

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CLINICAL INFORMATION
Pustules on erythematous base.

Specimen Details
S22-IP0000522 - Serum; Collected:          ; Received:
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DIAGNOSTIC INTERPRETATION

Negative IgA cell surface (IgA pemphigus) antibodies by indirect
immunofluorescence

(See Results and Comments including further testing
recommendations)
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RESULTS
Indirect Immunofluorescence (IIF)
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Cell Surface (CS)/Intercellular Substance (ICS) IgA
Antibodies

IgA:  Negative, monkey esophagus substrate
      Negative, intact human skin substrate

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

     (H) = high/positive
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COMMENTS
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Specific

The negative findings for IgA cell surface antibodies by
indirect immunofluorescence do not provide support for, but do
not rule out, the diagnosis of IgA pemphigus. The results do not
rule out other immunobullous diseases including the more common
IgG pemphigus variants and even more common pemphigoid variants.

Detection, levels, and patterns of diagnostic antibodies may
fluctuate with disease expression, and clinical presentations of
immunobullous diseases often show overlapping features. Clinical
correlation is needed, including direct immunofluorescence
findings on a biopsy specimen and treatment status. To further
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evaluate the immunopathological profile, additional testing is recommended and 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 antibodies that characterize pemphigus vulgaris and pemphigus foliaceus and other IgG-variant pemphigus with
- Pemphigus Antibody Panel, IgG (ARUP test number 0090650),

and/or for antibodies that characteristically are found in pemphigoid, epidermolysis bullosa acquisita, and linear IgA disease with
- Basement Membrane Zone Antibody Panel (ARUP test number 3001410).

Consideration for monitoring antibody profiles by indirect immunofluorescence and antibody levels by ELISAs is recommended to aid in assessing disease expression and activity, particularly with persistent, progressive, or changing disease and in response to therapy.

General

IgA cell surface (CS) antibodies, also known as intercellular substance (ICS) antibodies, are positive in patients with IgA pemphigus and in some pemphigus variants along with positive IgG CS/ICS antibodies. IgA pemphigus is a rare type of pemphigus, also known as intercellular IgA dermatosis. IgA pemphigus presents as two major subtypes, the subcorneal pustular dermatosis (SPD) type and the intraepidermal neutrophilic (IEN) type; however, three other IgA pemphigus variants are recognized IgA-pemphigus vegetans, IgA-pemphigus vulgaris and unclassified IgA pemphigus. IgA CS/ICS antibodies are typically not detected in normal individuals, in patients with other immunobullous diseases, and in individual patients whose IgA pemphigus is minimal and/or under therapeutic control, although cell surface staining may be observed transiently and/or nonspecifically in normal individuals and in patients with drug reactions, infections, and other mucocutaneous diseases. Monkey esophagus and intact normal human skin substrates may demonstrate differing sensitivities and specificities for disease-associated antibodies and, when tested together, increase the likelihood of detecting IgA cell surface antibodies.

TESTING METHODS
Indirect Immunofluorescence (IIF)

IgA Epithelial Cell Surface (CS)/Intercellular Substance (ICS) Antibodies

The patient's serum is progressively diluted in calcium-containing buffer beginning at 1:5 in three two-fold screening dilutions, layered on sections of intact normal human skin 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. 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 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)]

Electronically signed by , MD, on
at .

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

Performed At:

Medical Director: , MD
CLIA Number:

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Pemphigus Ab, IgA	22-173-114951			

END OF CHART

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