

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

Physician: Doctor, Example

Patient: Patient, Example

DOB: 4/27/1967
Gender: Female
Patient Identifiers: 01234567890ABCD, 012345
Visit Number (FIN): 01234567890ABCD
Collection Date: 01/01/2017 12:34

^ Pemphigus Antibody IgA

ARUP test code 0092106

Pemphigus Ab, IgA

See Note

IMMUNODERMATOLOGY REPORT

Specimen(s):
1. Serum specimen

Clinical/Diagnostic Information:
No clinical information provided.

DIAGNOSTIC INTERPRETATION

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

(See Results and Comments including additional test considerations)

RESULTS

Indirect Immunofluorescence

Cell Surface IgA Antibodies

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

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

(H = high/positive)

COMMENTS

Specific

These negative indirect immunofluorescence results for IgA cell surface antibodies are against, but do not rule out, the diagnosis of IgA pemphigus. If other types of immunobullous disease are diagnostic considerations, recommend testing with Pemphigus Antibody Panel (ARUP test number 0090650) for IgG cell surface antibodies as are present in pemphigus vulgaris and pemphigus foliaceus and/or Pemphigoid Antibody Panel (ARUP test number 0092001) for basement membrane zone antibodies found in the pemphigoid variants and/or other indicated testing. Additional testing may be performed on this specimen by add-on test request through ARUP Client Services, 1-800-242-2787 option 2.

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: 19-066-136429
Patient Identifiers: 01234567890ABCD, 012345
Visit Number (FIN): 01234567890ABCD
Page 1 of 3 | Printed: 12/16/2020 8:09:33 AM
4848

Detection, levels, and patterns of diagnostic antibodies may fluctuate with disease manifestations. Clinical correlation is needed, including correlation with direct immunofluorescence on a biopsy specimen and/or treatment status, with consideration for monitoring serum antibody profiles and levels to aid in assessing disease expression and activity, particularly with persistent, progressive, or changing disease.

General

IgA cell surface antibodies, also known as intercellular substance antibodies, are positive in patients with IgA pemphigus and in some pemphigus variants along with positive IgG cell surface antibodies (References). IgA cell surface antibodies are negative in normal individuals, in patients with other immunobullous diseases, and in individual patients whose IgA pemphigus is minimal and/or under control.

(References: Porro AM, Caetano Lde V, Maehara Lde S, et al. Non-classical forms of pemphigus: pemphigus herpetiformis, IgA pemphigus, paraneoplastic pemphigus and IgG/IgA pemphigus. An Bras Dermatol 2014;89:96-106.

Mentink LF, de Jong MC, Kloosterhuis GJ, et al. Coexistence of IgA antibodies to desmogleins 1 and 3 in pemphigus vulgaris, pemphigus foliaceus and paraneoplastic pemphigus. Br J Dermatol 2007;156:635-41.)

TESTING METHODS

Indirect Immunofluorescence

Cell Surface IgA Antibodies

The patients 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 stained with fluorescein-conjugated anti-IgA using Analyte Specific Reagents (ASRs). 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]

██████████, MD
Immunodermatologist

Electronically signed 3/13/2019 9:48:55PM

Performed at: ARUP - University Hospital Laboratory 50 N. Medical Drive Salt Lake City UT 84132

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

Unless otherwise indicated, testing performed at:

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Pemphigus Ab, IgA	19-066-136429	3/7/2019 1:08:00 PM	3/11/2019 7:49:02 AM	3/14/2019 1:57:00 PM

END OF CHART

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: 19-066-136429
Patient Identifiers: 01234567890ABCD, 012345
Visit Number (FIN): 01234567890ABCD
Page 3 of 3 | Printed: 12/16/2020 8:09:33 AM
4848