



LABORATORIES

Eosinophil Granule Major Basic Protein, Tissue

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

Client: [REDACTED]
Physician: Doctor Unknown

ARUP Test Code: 2010921
Collection Date: 03/15/2019
Received in lab: 03/21/2019
Completion Date: 03/26/2019

Test Information

Method

Indirect immunofluorescence on tissue specimens using antibodies to eosinophil granule major basic protein 1 (eMBP1) and eosinophil derived neurotoxin (EDN). See Compliance Statements B & D: www.aruplab.com/CS.

Use

Assess eosinophil involvement in pathophysiology by semi-quantifying eosinophils and eosinophil products in tissue specimens and identifying eosinophil granule protein deposition that may be disproportionate to the number of intact cells. In the absence or presence of intact eosinophils in affected tissues and organs, identification of eosinophil degranulation likely is associated with clinical disease pathophysiology.

Follow eosinophil involvement in pathophysiology.

Considerations

Tissue specimens can be submitted fixed in formalin or in Michel's or Zeus' medium or frozen; specimens in paraffin blocks can be tested (submitted either in block or sectioned on slides per specific instructions).

In inflamed tissues, this test will determine whether eosinophils have disrupted and are no longer morphologically identifiable with routine tissue stains.

Patient Report

Patient's immunodermatology report from the University of Utah continues on following pages.





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Department of Dermatology
Immunodermatology Laboratory

IMMUNODERMATOLOGY REPORT

Patient:	[REDACTED]	Accession number:	[REDACTED]
Medical Record Number:	[REDACTED]	Procurement Date:	3/15/2019
Gender: M	DOB: [REDACTED]	Age: 36	Received Date: 3/20/2019
Physician(s):	[REDACTED]	Clinic Location:	[REDACTED]
[REDACTED]	[REDACTED]	Phone:	[REDACTED]
		Fax:	[REDACTED]

Specimen(s):

1. Left deltoid, skin, excision, non sun exposed

Clinical/Diagnostic Information:

Presumptive diagnosis is autoimmune or exfoliative dermatitis. Has been told "psoriasis or pityriasis" in the past. Two year history of diffuse rash, erythematous and exfoliative, with scale formation and weeping. Worse on legs, back and sensitive skin over joints. Sometimes responsive to steroids. Pruritic, painful.

DIAGNOSTIC INTERPRETATION

Positive, modestly increased cellular and extracellular eosinophil granule major basic protein 1 (eMBP1)
Overall grade, 1/2-1+

(See Results and Comments)

RESULTS

Examination of the tissue sections stained for eosinophil granule major basic protein 1 (eMBP1) reveals:

Cellular*: 2+ intensity, 1/2-1+ extent
(Average maximal eosinophil count, 4 per high power field, 400 X, 2 HPF counted)

Extracellular: 1-2+ intensity, 1/2-1+ extent with focal confluent tissue and clusters of granules

* Intact cells showing positive eMBP1 staining counted per 400 X (40x objective lens and 10x eyepiece lens) high power field (HPF) in areas of sections with maximal cells. Some cells may not be counted as intact

Billing Codes: [REDACTED]
Copy For: [REDACTED]

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Patient: [REDACTED]
ARUP Accession: 19-077-402667