

THIS IS NOT A TEST REQUEST FORM.

Please fill out this form and submit it with the test request form or electronic packing list.

CLINICAL INFORMATION FOR IMMUNODERMATOLOGY (TISSUE TESTING)

Patient identifier (or Master Label): _____ **Specimen collection date:** _____

Presumptive diagnosis/reason for testing: _____

Name of clinical contact (to discuss atypical or clinically relevant test findings): _____

Clinical contact phone number: _____

Check the ordered test(s) and describe the source and relevant clinical information:

0092572 **Cutaneous Direct Immunofluorescence, Biopsy** (Source information below is **required**.)

Components: IgG, IgG4, IgM, IgA, C3, and fibrinogen antibodies

Direct Immunofluorescence Source Information

Michel's transport fluid (Zeus medium) (Formalin-fixed tissue **cannot** be processed for direct immunofluorescence.)

Biopsy 1 Skin Mucosa

- Punch Involved Sun exposed
- Shave Perilesional Not sun exposed
- Excision Uninvolved

Biopsy 2 Skin Mucosa

- Punch Involved Sun exposed
- Shave Perilesional Not sun exposed
- Excision Uninvolved

Anatomical site: _____

Anatomical site: _____

Additional clinical information that may be helpful in interpreting results (not required): _____

Histopathology, Biopsy (Source information for fixed tissue examination with hematoxylin and eosin [H and E] staining and other indicated histochemical stains)

Formalin fixative (tissue in Michel's or Zeus transport medium **cannot** be processed for H and E histopathology)

Punch Shave Excision **Anatomical site:** _____

Additional clinical information that may be helpful in interpreting results (not required): _____

2010921 **Eosinophil Granule Major Basic Protein, Tissue**

- Eosinophil Granule Major Basic Protein 1 (eMBP1)
- Eosinophil-Derived Neurotoxin (EDN)

Eosinophil Major Basic Protein (Specimen may be submitted in formalin or Michel's transport fluid (Zeus medium) or frozen (eMBP1; eosinophil-derived neurotoxin [EDN] staining also may be performed on formalin-fixed tissue.)

Anatomical site: _____

Additional clinical information that may be helpful in interpreting results (not required): _____

Please provide information (write in) for additional tissue specimens that are submitted:

Master Label