

THIS IS NOT A TEST REQUEST FORM. Please complete and submit 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 Direct Immunofluorescence, Tissue Biopsy (Cutaneous, Mucosal, Epithelial)** (Source information below is **required**.)
Components: IgG, IgG4, IgM, IgA, C3, and fibrinogen antibodies

Direct Immunofluorescence Source Information:

Transport fluid information is **required**. If specimen is not submitted in ARUP-supplied vial, please specify:

- Michel/Zeus (unexpired) Other, type: _____

(Formalin-fixed tissue **cannot** be processed for direct immunofluorescence.)

Biopsy 1

Anatomic site: _____

- | | | |
|--|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Skin, sun exposed | <input type="checkbox"/> Involved | <input type="checkbox"/> Punch |
| <input type="checkbox"/> Skin, not sun exposed | <input type="checkbox"/> Perilesional | <input type="checkbox"/> Shave |
| <input type="checkbox"/> Mucosa | <input type="checkbox"/> Uninvolved | <input type="checkbox"/> Excision |

Biopsy 2

Anatomic site: _____

- | | | |
|--|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Skin, sun exposed | <input type="checkbox"/> Involved | <input type="checkbox"/> Punch |
| <input type="checkbox"/> Skin, not sun exposed | <input type="checkbox"/> Perilesional | <input type="checkbox"/> Shave |
| <input type="checkbox"/> Mucosa | <input type="checkbox"/> Uninvolved | <input type="checkbox"/> Excision |

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

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

Formalin fixative (Tissue in Michel or Zeus transport medium **cannot** be processed for H and E histopathology.)

- Punch Shave Excision **Anatomic site:** _____

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

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

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

(Specimen may be submitted in formalin or Michel or Zeus transport medium or frozen for eMBP1; *EDN immunostaining also will be performed for formalin-fixed specimens and can be requested.)

Anatomic site: _____

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

Please provide information (biopsy type, site, additional clinical information, etc.) for any additional tissue specimens that are submitted:

Master Label

For questions, contact the UUHSC Immunodermatology Laboratory at 801-581-7139.