

Please type or print CLEARLY

Date _____

Referring physician _____

Patient's name _____ D.O.B. _____ M F

Date of collection _____ MR # _____

IMMUNODERMATOLOGY

Site _____ Clinical _____

Routine Direct Immunofluorescence

IgG, IgM, IgA, C3, and fibrin

ELISAs

Pemphigoid:

- BP180
- BP230
- both (recommended)

Pemphigus:

- DSG-1
- DSG-3
- both (recommended)

Indirect Immunofluorescence

Disease	Substrate	Antibody
<input type="checkbox"/> Pemphigus foliaceus	Normal human skin	IgG
<input type="checkbox"/> Pemphigus vulgaris	Monkey esophagus	IgG
<input type="checkbox"/> Bullous pemphigoid, cicatricial pemphigoid, EBA	Salt split skin	IgG
<input type="checkbox"/> Linear IgA disease	Salt split skin	IgA
<input type="checkbox"/> Herpes gestationis complement fixation assay	Normal human skin	FITC-G/HC
<input type="checkbox"/> Paraneoplastic pemphigus screen	Rat bladder	IgG
<input type="checkbox"/> Paraneoplastic pemphigus package (3 IIFs plus DSG-1 and DSG-3 ELISAs)	Monkey esophagus Rat bladder Salt split skin	IgG
<input type="checkbox"/> Dermatitis herpetiformis	Monkey esophagus	IgA

Connective Tissue Disease Serologies

- ANA
- Anti-nDNA
- Anti-Sm
- Anti-Ro (SSA)
- Anti-La (SSB)
- Lupus package (all 5 above)
- Anti-Jo-1
- Anti-SCL-70
- Anti-Centromere

BILLING

Patient address _____

City _____ ST _____ Zip _____ Patient SS # _____ / _____ / _____

Race _____ Marital status: S M W D

Patient phone _____ D.O.B. _____ EMPLR _____

Primary Ins. Co. name _____

Address _____ City _____ ST _____ Zip _____

Subscriber name _____ Relationship to patient _____

Policy # _____ Group # _____

Secondary Ins. Co. name _____

Address _____ City _____ ST _____ Zip _____

Subscriber name _____ Relationship to patient _____

Policy # _____ Group # _____