



Application form BIOPSY immunofluorescence diagnostics

DATA PATIENT

citizen service number  
patient number  
name m/f  
birth date  
address  
postal code  
residence  
insurance  
insurance number

[Large dotted area for patient data entry]

SHIPPING ADDRESS

UMCG  
Laboratorium Immunodermatologie  
Huispostcode EA50  
Hanzeplein 1, 9713 GZ Groningen  
Tel +31 - 50 - 3612871 / 3613552  
Email: [labimmunodermatologie@umcg.nl](mailto:labimmunodermatologie@umcg.nl)

RESULT AND DECLARATION SEND TO:

[Empty box for result and declaration send to]

TO BE FILLED IN BY THE PHYSICIAN

Physician  
Telephone  
Hospital  
Collection date

HISTORY

Clinical DD / relevant data (including medication):

[Large empty box for clinical history and medication]

TRANSPORT MEDIUM

saline  liq. N<sub>2</sub>  Michel fix.  other

1) Biopsy nr. [ ] [ ] [ ] [ ] [ ] [ ]  
Location [ ] [ ] [ ] [ ] [ ] [ ]  
perilesional lesional healthy  
skin     
mucosa

2) Biopsy nr. [ ] [ ] [ ] [ ] [ ] [ ]  
Location [ ] [ ] [ ] [ ] [ ] [ ]  
perilesional lesional healthy  
skin     
mucosa

3) Biopsy nr. [ ] [ ] [ ] [ ] [ ] [ ]  
Location [ ] [ ] [ ] [ ] [ ] [ ]  
perilesional lesional healthy  
skin     
mucosa

Location lesions:  Skin  Mucous membranes

ADDITIONAL INFORMATION

- 1. anesthesia: preferable lidocaine or similar
- 2. biopsy(s): preferable 4 mm punch biopsy

Indication IF biopsies:

- \*blistering diseases: perilesional & healthy (upper arm)
- \*lichen planus: lesional (papule; mucosa)
- \*collagen diseases: old lesion & healthy (wrist dorsal)
- \*vasculitis: fresh lesion (lower leg)
- cave: do not biopsy an erosion, excoriation or necrotic lesion for IF

The patient has indicated that he / she objects to the use of his / her data and material for research purposes.

TO BE FILLED IN BY LABORATORY IMMUNODERMATOLOGY

Datum ontvangst  
Paraaf





umcg

Laboratory Immunodermatology  
Dr. G.F.H. Diercks, head laboratory  
www.immunoderma.org

Immunofluorescence diagnostics:  
g.f.h.diercks@umcg.nl

Immunoassays:  
j.bremer@umcg.nl

**Application form Serology Bullous Dermatoses**

DATA PATIENT

citizen service number  
patient number  
name, m/f  
birth date  
address  
postal code  
residence  
insurance  
insurance number

[Redacted patient data area]

SHIPPING ADDRESS

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The Netherlands  
Tel +31 - 50 – 3612871 / 3613552  
Email: [labimmunodermatologie@umcg.nl](mailto:labimmunodermatologie@umcg.nl)

TO BE FILLED IN BY THE PHYSICIAN

Treating physician  
Telephone  
Hospital  
Collection date

[Form fields for physician information and date]

RESULT AND DECLARATION SEND TO:

[Large empty box for result and declaration]

CLINIC

**BLOOD COLLECTION: SERUM OF 10 ML CLOTTED BLOOD,**  
can be sent unrefrigerated.

Location lesions:  Skin  Mucous membranes

Other relevant information and DD:

\* The diagnostic package offered includes IIF on multiple substrates, various ELISAs and immunoblot. For an optimal choice from this package, a good description of the clinical abnormalities and differential diagnosis is essential.

\* In view of the occurrence of disorders with minimal circulating quantities of antibodies, we recommend that you also submit a biopsy for optimal diagnosis (see our biopsy form).

\* Further information about our diagnostic package can be obtained by telephone:  
Dr. J. Bremer +31-50-3613982  
Dr. G.F.H. Diercks +31-50-3610403

The patient has indicated that he / she objects to the use of his / her data and material for research purposes.

DIFFERENTIAL DIAGNOSIS

- pemphigus
- pemphigoid
- other
- dermatitis herpetiformis
- paraneoplastic pemphigus

Document 47307, version 4

TO BE FILLED IN BY LABORATORY IMMUNODERMATOLOGY

Datum ontvangst  
Serumnummer  
Paraaf



Pathologie en Medische Biologie  
Laboratorium Immunodermatologie

