

Dermatopathology

Test Request Form

Patient Information	
Last Name	
First Name	
Social Security #	
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	
Race	
Date of Birth	
Street	
City	State Zip
Telephone ()	
Specimen Date	
<small>(Required by State and Federal Law)</small>	
I accept responsibility for bills related to the testing of my specimen:	
Patient Signature	

Billing Information	
<small>Caution: Provide complete insurance information or send photocopy of patient's insurance card. Failure to do so will result in direct patient billing.</small>	
Send bill to:	<input type="checkbox"/> Patient <input type="checkbox"/> Insurance <input type="checkbox"/> Doctor <input type="checkbox"/> Lab
Medicare	<input type="checkbox"/> Yes <input type="checkbox"/> No
ID #	
Insurance Name	
Street	
City	State Zip
Telephone ()	
Insurance #	
Group #	
Subscriber Name	
Subscriber DOB	
ICD-10 Codes	
Credit Card #	Exp.
<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express	

Immco Diagnostics, Inc. complies with the Health Insurance Portability and Accounting Act (HIPAA). **The information provided herein will remain strictly confidential. For a copy of Immco's Policy, please contact customer service.**

Client Information	<input type="checkbox"/> Rush <input type="checkbox"/> Fax
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Requesting Doctor	
Last Name	
First Name	
NPI#*	
Practice/Facility Name	
Street	
City	State Zip
Telephone ()	Fax ()
Email	
Physician Signature <small>*Required by CMS</small>	

Biopsy 1	
Clinical History/Indication for Removal: <input type="checkbox"/> Changing <input type="checkbox"/> Bleeding <input type="checkbox"/> Irritated <input type="checkbox"/> Uncertain	Clinical Diagnosis <input type="checkbox"/> SK <input type="checkbox"/> VERRUCA <input type="checkbox"/> AK <input type="checkbox"/> SCC <input type="checkbox"/> BCC <input type="checkbox"/> NEVUS <input type="checkbox"/> DYS NEVUS <input type="checkbox"/> MM <input type="checkbox"/> CYST
Site	
Method <input type="checkbox"/> Slice <input type="checkbox"/> Punch <input type="checkbox"/> Excision <input type="checkbox"/> Incision <input type="checkbox"/> ED&C <input type="checkbox"/> Please perform immunofluorescence	

Biopsy 2	
Clinical History/Indication for Removal: <input type="checkbox"/> Changing <input type="checkbox"/> Bleeding <input type="checkbox"/> Irritated <input type="checkbox"/> Uncertain	Clinical Diagnosis <input type="checkbox"/> SK <input type="checkbox"/> VERRUCA <input type="checkbox"/> AK <input type="checkbox"/> SCC <input type="checkbox"/> BCC <input type="checkbox"/> NEVUS <input type="checkbox"/> DYS NEVUS <input type="checkbox"/> MM <input type="checkbox"/> CYST
Site	
Method <input type="checkbox"/> Slice <input type="checkbox"/> Punch <input type="checkbox"/> Excision <input type="checkbox"/> Incision <input type="checkbox"/> ED&C <input type="checkbox"/> Please perform immunofluorescence	

For specimen collection kits, please call 1.800.537.TEST or indicate kits required below: <input type="checkbox"/> # _____ Serum Specimen Collection Kits

Serology Studies

Immco Immunofluorescence Serum Studies are listed below, with profile tests listed in blue.

Supply 5 ml tube of whole blood or serum in red top or serum separator tube from specimen collection kit.

Connective Tissue Diseases	
Systemic Lupus Erythematosus (SLE)	
<input type="checkbox"/> 001	ANA titer and pattern on HEp-2 & mouse kidney
<input type="checkbox"/> 002	ANA titer and pattern on HEp-2 only
<input type="checkbox"/> 004	nDNA antibody titer
<input type="checkbox"/> 008	Phospholipid antibody; IgG, IgA & IgM
<input type="checkbox"/> 011	Rheumatoid Factor (RF); IgG, IgA & IgM
<input type="checkbox"/> 013	RNA antibody
<input type="checkbox"/> 014	Circulating Immune Complexes (CIC)
Antibodies to Extractable Nuclear (ENA) & Cytoplasmic Antigens	
<input type="checkbox"/> 040	RNP Sm, SS-A(Ro) and SS-B(La)
<input type="checkbox"/> 042	RNP
<input type="checkbox"/> 043	Sm
<input type="checkbox"/> 045	SS-A(Ro)
<input type="checkbox"/> 046	SS-B(La)
<input type="checkbox"/> 050	Ku
<input type="checkbox"/> 051	PCNA
<input type="checkbox"/> 052	PM/Scl
<input type="checkbox"/> 070	CT Profile includes 001, 004, 011, 040, 047, 048, 050, 051, 052
<input type="checkbox"/> 071	Drug induced LE Profile includes 001, 004
<input type="checkbox"/> 077	SLE Profile I includes 001, 004
<input type="checkbox"/> 078	SLE Profile II includes 001, 004, 040
<input type="checkbox"/> 079	SLE Profile III includes 001, 004, 011, 040, 050
Scleroderma	
<input type="checkbox"/> 001	ANA titer and pattern on HEp-2 & mouse kidney
<input type="checkbox"/> 042	RNP antibody
<input type="checkbox"/> 063	RNA Polymerase III
<input type="checkbox"/> 075	Scleroderma Profile includes 001, 042, 052, 063
Dermato/Polymyositis	
<input type="checkbox"/> 001	ANA titer and pattern on HEp-2 & mouse kidney
<input type="checkbox"/> 045	SS-A(Ro) antibody
<input type="checkbox"/> 049	Mi-2 antibody for dermatomyositis
<input type="checkbox"/> 050	Ku for polymyositis/scleroderma overlap
<input type="checkbox"/> 052	PM/Scl for myositis
<input type="checkbox"/> 053	SRP (Signal Recognition Particle)
<input type="checkbox"/> 072	Complete Myositis Profile includes 001, 049, 050, 053, 081, 082, 083, 084, 085, 086, 087, 088 081 PL 7 (only offered in Profile) 082 PL 12 (only offered in Profile) 083 EJ (only offered in Profile) 084 OJ (only offered in Profile) 085 RO-052 (only offered in Profile) 086 PM/Scl 75 (only offered in Profile) 087 PM/Scl 100 (only offered in Profile)

Connective Tissue Diseases	
<input type="checkbox"/> 115	Bullous Pemphigoid 230 (BP 230) antibody
<input type="checkbox"/> 122	Pemphigus/Pemphigoid Profile I includes 105, 106
<input type="checkbox"/> 127	Pemphigus Profile includes 105, 112, 113
<input type="checkbox"/> 128	Pemphigoid Profile includes 105, 106, 114, 115
<input type="checkbox"/> 129	Pemphigus/Pemphigoid Profile II includes 105, 106, 112, 113, 114, 115
Dermatitis Herpetiformis (DH)	
<input type="checkbox"/> 100	Endomysial (EMA) IgA antibody titer
<input type="checkbox"/> 101	Reticulin (ARA) IgA antibody titer
<input type="checkbox"/> 102	Deamidated Gliadin (Celiac G+) antibody : IgA & IgG
<input type="checkbox"/> 124	DH Profile II includes 100, 101, 102
<input type="checkbox"/> 125	DH Profile III includes 100, 102
Chronic Ulcerative Stomatitis (CUS)	
<input type="checkbox"/> 107	SES-ANA stratified epithelium specific antinuclear antibody
Other	
<input type="checkbox"/>	Other Serum Studies (please inquire for full listing)

Immunofluorescence Biopsy Studies

Direct Immunofluorescence studies include stains for IgG, IgA, IgM, Fibrin, C3. C5b-9 staining is included for a suspected diagnosis of lupus erythematosus, systemic lupus erythematosus, subacute cutaneous lupus erythematosus, Sjogren's syndrome, scleroderma, myositis, and rheumatoid arthritis. IgG4 staining is included for a suspected diagnosis of pemphigus, pemphigoid, bullous pemphigoid, epidermolysis bullosa acquisita, herpes gestationis and desquamative gingivitis. Direct Immunofluorescence is available for biopsy specimens and indirect immunofluorescence is available for serology specimens. Only use immunofluorescence medium for immunofluorescence biopsies.

Direct Immunofluorescence Biopsy Site Selection

Vesiculo-Bullous Diseases (Pemphigus, Pemphigoid, LABD, EBA)

Tissue: skin, mucosa

Site: Perilesional, erythematous adjacent to active or new blister.

Connective Tissue Disorders (Lupus erythematosus, mixed connective tissue diseases, dermatomyositis, scleroderma, etc.)

Tissue: skin

Site: Erythematous or active border of new lesion. Take biopsy for SLE from lesional and non-lesional sun protected skin (buttock).

Lichen Planus and Lichenoid Reactions

Tissue: skin, mucosa

Site: take biopsy from a new lesion.

Vasculitis

Tissue: skin

Site: Take biopsy from erythematous, active border of a fresh lesion (<48 hrs old).

Porphyria/Pseudoporphyria

Tissue: skin

Site: take from a new lesion.

Specimen Requirements

When submitting specimens for Direct Immunofluorescence, place one biopsy specimen from the edge of the lesion in the red tube provided with the collection kit and place a second biopsy specimen from a normal site in the purple tube. These tubes contain a holding solution for immunofluorescence specimens. All H&E biopsy specimens should be placed in a collection vessel containing formalin.

Specimens need not be refrigerated or frozen.

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