

VASCULITIS • NEPHROLOGY

- 003 ANCA (anti-neutrophil cytoplasmic antibodies)
014 Circulating Immune Complexes (CIC)
056 MPO (pANCA antibody)
057 PR3 (cANCA antibody)
270 GBM - Glomerular basement membrane antibody titer, IgG, IgA
290 **Nephrology Profile** includes 003, 270

SPECIMEN REQUIREMENTS

Specimen Collection Kits are available free of charge from Immco Diagnostics. Call (800) 537-8378 for an immediate shipment of collection kits. **Specimens need not be refrigerated or frozen.**

Serum Studies: Collect 5-10 ml of blood in a red top or serum separator tube. If possible, separate serum from clot and place into **clear** tube provided. Do not puncture top of clear tube. If separation facilities are not available, the blood can be sent in the tube used for collection.

Genetic Studies: Send uncoagulated whole blood in 2 **lavender/purple** top tubes. Do not freeze.

Biopsy Studies: When submitting specimens for **immunofluorescence only**, place one biopsy specimen from the edge of the lesion in the **red** capped tube provided with the collection kit and place one biopsy specimen from a normal site in the **purple** tube. These tubes contain a holding solution for immunofluorescence specimens.

When submitting specimens for **routine histological studies (H&E) only**, place one incisional or excisional biopsy specimen in the **green** tube provided with the collection kit or in a tube containing 10% formalin.

When submitting specimens for **immunofluorescence and H&E studies**, take one biopsy specimen from the edge of the lesion and divide it in half. Place one half in the **green** tube provided with the collection kit or in a tube containing 10% formalin for H&E, and place the other half in the **red** tube provided with the collection kit. Take a second biopsy specimen from a normal site and place it in the **purple** tube provided with the collection kit.

For additional information, please consult the Collection & Handling section in the Immco Laboratory Services Directory.

Serum Studies: 2-3 ml serum
Profile Tests: 2-3 ml serum
Biopsy Studies: see above

Ship to Immco Diagnostics

Pack Specimen Collection Kit following these simple steps:

1. Place tube(s) into specimen bag.
2. Place test requisition and a copy of the patient's medical insurance information and any other pertinent paperwork into the outside pocket of specimen bag.
3. Fold and roll specimen bag and contents into white mailer box and place in the enclosed poly courier bag.
4. Place pre-paid return airbill on outside of poly courier bag and call the number on the bag for a pick up.

Questions? Call 1.800.537.TEST for Immco Customer Service or visit us online at immco.com.

www.immco.com

United States

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DERMATOPATHOLOGY • OCULAR PATHOLOGY

- 510 Direct Immunofluorescence (IgG, IgA, IgM, Fibrin, C3, C5b-9, and IgG4)
511 Light Microscopy (H&E)
512 Light Microscopic consultation
513 Hereditary Epidermolysis Bullosa Classification (Collagen IV, Cytokeratin, Collagen VII, laminin).

Special Staining

Differentiation of Bullous Pemphigoid from EBA: Indicated when biopsy is positive for basement membrane zone deposits

- 550 Antigen mapping for localization of Collagen IV & Laminin. Only on Lesional Biopsies.
551 Localization of immune deposits by "Induced in vitro split." Only on Normal Biopsies.

ORAL PATHOLOGY

- 510 Direct Immunofluorescence (IgG, IgA, IgM, Fibrin, C3, C5b-9, and IgG4)
511 Light Microscopy (H&E)
512 Light Microscopic consultation
513 Hereditary Epidermolysis Bullosa Classification (Collagen IV, Cytokeratin, Collagen VII, laminin).

BIOPSY SITE SELECTION

Proper biopsy sites for various tests and conditions indicated below.

Direct Immunofluorescence

Vesiculo-bullous diseases

Pemphigus, Pemphigoid, Linear IgA Bullous Dermatitis (LABD), EBA, Herpes Gestationis (HG)
Tissue: skin, mucosa
Site: Perilesional, erythematous adjacent to active or new blister. For DH, take skin biopsy 3-5 mm away from the active lesion.

Connective tissue disorders

Lupus erythematosus, MCTD, dermatomyositis, scleroderma.
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 Lichnoid 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.

Histopathology (H&E)

In all cases, take biopsy from a lesional site.

CLINICAL INFORMATION

Please note that lack of complete information may delay results.

Suspected Diagnosis _____

Type of Biopsy Skin Oral Other _____

Biopsy Site: Immunofluorescence (IF)

- Lesional _____
 Normal _____
 Perilesional _____

Biopsy Site: Histopathology (H&E)

- Lesional _____

Clinical Data _____

Therapy _____

Serum Results _____

For suspected SLE, check appropriate ACR criteria

- Malar rash
 Discoid rash
 Photosensitivity
 Oral or nasopharyngeal ulceration
 Arthritis
 Serositis (pleuritis or pericarditis)
 Neurologic disorder (psychosis or seizures)
- Renal disorder**
 Proteinuria (≥ 0.5 g/day)
 Cellular casts
- Hematologic disorders**
 Hemolytic anemia
 Leukopenia $< 4000\text{mm}^3$
 Lymphopenia $< 1500\text{mm}^3$
 Thrombocytopenia $< 100,000\text{mm}^3$
- Immunologic disorder**
 LE cells
 Anti-DNA antibody
 Anti-Sm antibody
 False positive syphilis serology
 Abnormal antinuclear antibody titer



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640 Ellicott Street 716.691.6955 Fax
Buffalo, NY 14203 info@immco.com
www.immco.com

PATIENT INFORMATION

Last Name _____ First Name _____

Social Security Number _____

Sex M F Race _____

Date of Birth _____ **Specimen Date***

Street _____

City _____ State ____ ZIP _____

Telephone (_____) _____

***Required by State and Federal law.**

REQUESTING DOCTOR

Last Name _____ First Name _____

NPI#* _____ Practice/Facility Name _____

Street _____

City _____ State ____ ZIP _____

Telephone (____) _____ Fax (____) _____

e-mail _____

Physician Signature _____

***(Required by CMS)**

BILLING INFORMATION

Send Bill to: Insurance Doctor Lab Patient

For insurance billing, provide complete insurance information or send photocopy of patient's insurance card. If not billing insurance, doctor or lab, please include credit card information to ensure prompt results

Medicare No. if Applicable _____

Name/Address of Insurance _____

Street _____

City _____ State ____ ZIP _____

Telephone (____) _____ Fax (____) _____

Insurance ID# _____

Group # _____

Subscriber Name _____

Subscriber DOB _____

ICD-10 Codes _____

Credit Card # _____ Exp. Date _____

Visa MasterCard AmEx

I accept responsibility for bills related to testing of my specimen:

Patient Signature _____

For specimen collection kits please call 800.537.TEST or indicate kits required below:

- # _____ Serum Containers
 # _____ Skin/Mucosal Biopsies and Serum (IF and H&E)
 # _____ H&E Biopsy Studies
 # _____ Otology (Hearing Loss)



