

## 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:

- Place tube(s) into specimen bag.
- 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.
- Fold and roll specimen bag and contents into white mailer box and place in the enclosed poly courier bag.
- 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](http://www.immco.com)

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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

## 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 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.

#### 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 \_\_\_\_\_

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Therapy \_\_\_\_\_

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Serum Results \_\_\_\_\_

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### 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 ( $\geq 0.5$  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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## 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
- # \_\_\_\_\_ Otolary (Hearing Loss)



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## RHEUMATOLOGY

### Systemic Lupus Erythematosus (SLE)

- 001  ANA titer and pattern on HEp-2 & Mouse kidney
- 002  ANA titer and pattern on HEp-2 only
- 004  dsDNA (INDNA) antibody titer
- 005  ssDNA antibody
- 007  Histone antibody
- 008  Phospholipid antibody; IgG, IgA & IgM
- 011  Rheumatoid Factor (RF); IgG, IgA & IgM
- 013  RNA antibody
- 014  Circulating Immune Complexes (CIC)
- 055   $\beta$ 2 Glycoprotein ( $\beta$ 2GP1) antibody; IgG & IgM

### Antibodies to Extractable Nuclear (ENA) & Cytoplasmic Antigens

- 040  RNP, Sm, SS-A(Ro), and SS-B(La)
- 042  RNP
- 043  Sm
- 045  SS-A(Ro)
- 046  SS-B(La)
- 047  Scl-70
- 048  Jo-1
- 050  Ku
- 051  PCNA
- 052  PM/ScI
- 070  **CT Profile** includes 001, 004, 007, 011, 040, 047, 048, 050, 051, 052
- 071  **Drug induced LE Profile** includes 001, 004, 007
- 077  **SLE Profile I** includes 001, 004
- 078  **SLE Profile II** includes 001, 004, 040
- 079  **SLE Profile III** includes 001, 004, 007, 011, 040, 047, 048, 050

### Scleroderma

- 001  ANA titer and pattern on HEp-2 & mouse kidney
- 005  ssDNA antibody
- 007  Histone antibody
- 042  RNP antibody
- 047  Scl-70 antibody
- 054  Centromere antibody titer
- 062  Centromere IgG ELISA
- 063  RNA Polymerase III
- 075  **Scleroderma Profile** includes 001, 042, 047, 052, 054, 062, 063

### Sjögren's Syndrome

- 001  ANA titer and pattern on HEp-2 & Mouse kidney
- 011  Rheumatoid Factor (RF); IgG, IgA & IgM
- 040  RNP, Sm, SS-A(Ro), and SS-B(La)
- 045  SS-A(Ro)
- 046  SS-B(La)
- 088  Jo-1 WB/LB
- 076  **Sjögren's Syndrome Profile** includes 001, 011, 045, 046, 094 (Salivary Protein-1 (SP-1) IgG, IgA, IgM), 095 (Carbonic Anhydrase (CA-6) IgG, IgA, IgM), 096 (Parotid Specific Protein (PSP) IgG, IgA, IgM)
- 093  **Early Sjögren's Syndrome Profile** includes 094 Salivary Protein-1 (SP-1) IgG, IgA, IgM), 095 Carbonic Anhydrase (CA-6) (IgG, IgA, IgM), 096 (Parotid Specific Protein (PSP) (IgG, IgA, IgM)

## VESICULO-BULLOUS DISEASES

### Pemphigus/Pemphigoid/EBA

- 105  IC and BMZ antibodies (dual substrate)
- 104  IC Paraneoplastic pemphigus antibody titer
- 106  Differentiation of BP from EBA on "split skin"
- 109  Pemphigoid IgG4 antibody
- 112  Desmoglein 1 (DSG1) antibody
- 113  Desmoglein 3 (DSG3) antibody
- 114  Bullous Pemphigoid 180 (BP 180) antibody
- 115  Bullous Pemphigoid 230 (BP 230) antibody
- 122  **Pemphigus/Pemphigoid Profile I** includes 105, 106
- 127  **Pemphigus Profile** includes 105, 112, 113
- 128  **Pemphigoid Profile** includes 105, 106, 114, 115
- 129  **Pemphigus/Pemphigoid Profile II** includes 105, 106, 112, 113, 114, 115

### Dermatitis Herpetiformis (DH)

- 100  Endomysial (EMA) IgA antibody titer
- 101  Reticulin (ARA) IgA antibody titer
- 102  Deamidated Gladin (Celiac G+) antibody; IgA & IgG
- 108  Tissue Transglutaminase (tTG) IgA antibody
- 123  **DH Profile I** includes 100, 108
- 124  **DH Profile II** includes 100, 101, 102, 108
- 125  **DH Profile III** includes 100, 102, 108

### Chronic Ulcerative Stomatitis (CUS)

- 107  SES-ANA stratified epithelium specific antinuclear antibody

- 097  **Comprehensive Sjögren's Syndrome Profile** includes 001, 011, 045, 046, 094 (Salivary Protein-1 (SP-1) IgG, IgA, IgM), 095 (Carbonic Anhydrase (CA-6) IgG, IgA, IgM), 096 (Parotid Specific Protein (PSP) IgG, IgA, IgM) and 511 (Must include minimum of 6 minor salivary lobules required)

### Dermatid/Polymyositis

- 001  ANA titer and pattern on HEp-2 & Mouse kidney
- 045  SS-A(Ro) antibody
- 048  Jo-1 antibody ELISA
- 049  Mi-2 antibody for dermatomyositis
- 050  Ku for polymyositis/scleroderma overlap
- 052  PM/ScI for myositis
- 053  SRP (Signal Recognition Particle)
- 072  **Complete Myositis Profile** includes 001, 048, 049, 050, 053, 081, 082, 083, 084, 085, 086, 087

- 198  **Myositis Interstitial Lung Disease Panel** includes 050, 053, 081, 082, 083, 084, 085, 086, 087, 088, 192, 196

- 199  **Myositis Malignancy Panel I** includes 038, 039, 049, 050, 053, 081, 082, 083, 084, 085, 086, 087, 088, 191, 192, 193, 194, 195, 196, 197

- |                 |                    |
|-----------------|--------------------|
| 038 U1 snRNP*   | 088 Jo-1 LIA*      |
| 039 U2 snRNP*   | 191 Anti p155/140* |
| 081 PL7*        | 192 Anti-p140*     |
| 082 PL12**      | 193 Anti-NXP2*     |
| 083 EJ*         | 194 Anti-SAE1*     |
| 084 OJ*         | 195 Anti-CN1A*     |
| 085 Ro-052*     | 196 KS*            |
| 086 PM/ScI 75*  | 197 US RNP*        |
| 087 PM/ScI 100* |                    |

\* Test only available as part of a panel

### Relapsing Polychondritis

- 015  Collagen Type II antibody

### Rheumatoid Arthritis

- 001  ANA titer and pattern on HEp-2 & Mouse kidney
- 005  Keratin (AKA) antibody titer
- 011  Rheumatoid Factor (RF); IgG, IgA & IgM
- 017  Cyclic Citrullinated Peptides (CCP) IgG antibody
- 147  HLA DR 4 (Erosive Rheumatoid Arthritis)•
- 149  HLA-B27 Genotyping•
- 073  **RA Profile I** includes 001, 011, 017
- 074  **RA Profile II** includes 001, 009, 011, 017
- 069  **RA Profile III** includes 001, 009, 011, 017, 147•, 149•

### Vasculitis/Thrombosis

- 003  ANCA (anti-neutrophil cytoplasmic antibodies) titer
- 056  MPO (pANCA) antibody
- 057  PR3 (cANCA) antibody
- 008  Phospholipid antibody; IgG, IgA & IgM
- 055   $\beta$ 2 Glycoprotein ( $\beta$ 2GP1) antibody; IgG & IgM
- 058  Phosphatidylserine Antibodies (IgA, IgG, IgM)
- 059  Prothrombin Antibodies (IgG)
- 060  **Antiphospholipid Syndrome (APS) Panel I** includes 008, 055, 058
- 061  **Pre-transplant Thrombotic Risk Screen/APS II** includes 008, 055, 058, 059
- 014  Circulating Immune Complexes (CIC)
- 270  GBM - Glomerular basement membrane antibody titer, IgG, IgA
- 080  **Vasculitis Profile** includes 003, 008, 014, 270

## NEUROIMMUNOLOGY

### Neuropathies

- 450  GM1 antibody; IgG & IgM
- 451  GD1b antibody; IgG & IgM
- 452  GQ1b antibody; IgG & IgM
- 453  Asialo GM1 antibody; IgG & IgM
- 454  GD1a antibody; IgG & IgM
- 456  Myelin-associated Glycoprotein (MAG) antibody; IgM
- 464  Sulfated Glucuronyl Paragloboside (SGPG) antibody; IgM
- 455  **Neuropathy Profile** includes 450, 451, 452, 453

### Paraneoplastic Syndromes

- 500  Hu antibody titer
- 501  Yo antibody titer
- 502  Ri antibody titer
- 506  Tr antibody titer
- 503  **Paraneoplastic Neuronal Profile I** includes 500, 501, 502
- 505  **Motor & Sensory Neuropathy Profile** includes 450, 451, 453, 454, 456, 500, 502
- 507  **Paraneoplastic Neuronal Profile II** includes 500, 501, 502, 506
- 508  **Motor and Sensory Neuropathy Profile II** includes 450, 451, 452, 453, 454, 456, 464, 500, 501, 502, 506
- 509  **Sensory Neuropathy Antibody Panel** includes 456, 464, 500, 501, 502, 506.

## GASTROENTEROLOGY•HEPATOLOGY

### Celiac Disease (CD)

- 100  Endomysial (EMA) IgA antibody titer
- 110  Endomysial (EMA) IgG antibody titer
- 101  Reticulin (ARA) IgA antibody titer
- 102  Deamidated Gladin (Celiac G+) antibody; IgA & IgG
- 108  Tissue Transglutaminase (tTG) IgA antibody
- 111  Tissue Transglutaminase (tTG) IgG antibody
- 150  HLA DQ $\alpha$ 1\*0501,  $\beta$ 1\*0201•
- 120  **CD Profile I** includes 100, 108
- 121  **CD Profile II** includes 100, 101, 102, 108
- 180  **CD Profile III** includes 100, 102, 108
- 126  **IgA-deficient CD Profile** includes 102, 110, 401
- 130  **Complete CD Profile** includes 100, 102, 108, 150•

### Inflammatory Bowel Disease (IBD)

- 003  ANCA (anti-neutrophil cytoplasmic antibodies) titer
- 214  Gastric Parietal Cell antibody titer
- 188  **Autoimmune Pancreatitis Panel** includes 001, 011, 400, 407

### Autoimmune Liver Diseases

- 001  ANA titer and pattern on HEp-2 & Mouse kidney
- 152  AMA mitochondrial antibody titer
- 153  ASMA smooth muscle antibody titer
- 154  AMA & ASMA antibody titer
- 155  Pancreas antibody titer
- 156  LKM (liver-Kidney microsomal) antibody titer
- 163  SP-100 antibody titer
- 166  SP 100 IgG ELISA
- 167  GP 210 IgG ELISA
- 169  LC-1
- 172  Actin IgA (F-Actin) ELISA
- 184  **Comprehensive Autoimmune Hepatitis Profile** includes 001, 003, 146, 154, 169, 172, 400
- 185  **PBC Profile** includes 001, 152, 166, 167

### Pernicious Anemia

- 214  Gastric Parietal Cell antibody titer

## ENDOCRINOLOGY AND INFERTILITY

### Type 1 Diabetes (IDDM)

- 215  Islet cell antibody titer
- 223  **Diabetes Profile** includes 143•, 144•, 145•, 215

### Thyroid

- 216  Thyroglobulin (Tg) antibody
- 217  Thyroid Peroxidase (TPO) microsomal antibody
- 218  **Thyroid Profile** includes 216, 217

### Adrenal

- 213  Adrenal antibody titer

### Parathyroid

- 240  **Endocrine Profile** includes 213, 214, 215, 216, 217

### Infertility

- 008  Phospholipid antibody; IgG, IgA & IgM
- 490  Ovary antibody titer
- 492  Spermatozoa antibody titer

**Please Note:** Test codes listed are categorized by disease association and are not necessarily in numerical order. Tests noted in blue are profiles.

• **Genetic Tests:** ..... 2 tubes uncoagulated whole blood

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.

## CARDIOLOGY

- 008  Phospholipid antibody; IgG, IgA & IgM

## TRANSPLANT IMMUNOLOGY

- 132  Deceased Donor Evaluation (HLA Typing: A, B, Bw, DR, DQ, DRw- Low resolution/ABO/Lymphocyte crossmatch)
- 133  Living Donor for Organ Transplant (HLA antibody Screen & Typing: A, B, Bw, DR, DQ, DRw -low resolution/ABO/Lymphocyte crossmatch)
- 134  Bone marrow Transplant Candidate/Donor (HLA antibody Screen & Typing: A, B, Bw, Cw, DR, DQ, DRw - High resolution)
- 135  Donor Specific Antibodies
- 136  Organ Transplant Candidate (HLA antibody Screen & Typing: A, B, Bw, DR, DQ, DRw- low resolution/ABO/Pretransplant thrombotic risk assessment)

## IMMUNOGENETICS

### Disease Associations•

- 143  HLA DQ 2 (Diabetes)
- 144  HLA DQ 8 (Diabetes/Narcolepsy)
- 145  HLA DQ 9 (Diabetes)
- 146  HLA DR 3/DR 4 (AIIH, Addison's, Graves Disease)
- 147  HLA DR 4 (Erosive Rheumatoid Arthritis)
- 148  HLA DR 15 (Narcolepsy)
- 149  HLA B27 (Ankylosing Spondylitis)
- 150  HLA DQ a1 \*501\*, b1 \*0201\*

## OTOLOGY

### Autoimmune Hearing Loss (SNHL)

- 001  ANA titer and pattern on HEp-2 & mouse kidney
- 003  ANCA Anti-neutrophil cytoplasmic antibody titer
- 008  Phospholipid antibody; IgG, IgA & IgM
- 011  Rheumatoid Factor (RF); IgG, IgA & IgM
- 014  Circulating Immune Complex (CIC)
- 015  Collagen Type II antibody
- 340  69kD (hsp-70) antibodies
- 350  PO antibodies
- 370  **SNHL Profile I** includes 001, 003, 008, 011, 014, 015, 340, 350
- 375  **SNHL Profile II** includes 340, 350