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IMMUNOFLUORESCENCE (IMF) REQUEST FORM

SURNAME .....

Forename .....

DoB ..../..../.... **M** **F**

Patient No. .....

Originating Lab No. .....

(OR AFFIX PATIENT INFORMATION LABEL HERE)

Hospital/Centre .....
*(PLEASE DO **NOT** USE ABBREVIATIONS)*

Dept/Unit .....

NHS patient ☐ **Private patient** ☐

Report destination

Address .....

.....

.....

.....

Email 1 .....

Email 2 .....

Contact in case of request query

Tel .....

Email .....

Clinical information

Differential diagnoses .....

Requesting clinician *(please print)* .....

Specimen information

Date taken ..../..../....

☐ **Biopsy**

Biopsy 1 site ..... Lesional ☐ Peri-lesional ☐ Normal ☐

Biopsy 2 site ..... Lesional ☐ Peri-lesional ☐ Normal ☐

Biopsy 3 site ..... Lesional ☐ Peri-lesional ☐ Normal ☐

☐ **Serum** ☐ Indirect immunofluorescence ***plus relevant ELISAs, dependent on indirect IMF results***

☐ DSG1/3 ELISA (pemphigus) ☐ BP180/230 ELISA (pemphigoid) ☐ COLVII ELISA (EBA)

*Please send 1x **gold top** serum separator tube (SST)*