



PATIENT INFORMATION

Name, Parent Name (if patient is a minor), Date of Birth, Sex, Address, City, State, Zip, Telephone, Date of Specimen

BILLING INFORMATION Insurance Patient Lab Doctor

FOR INSURANCE BILLING, PROVIDE COMPLETE INSURANCE INFORMATION AND SEND PHOTOCOPY OF PATIENT'S INSURANCE CARD (FRONT AND BACK).

Inpatient Outpatient, P.O. #, Facility, Address, City, State, Zip, Date of Admission, MR/Lab #, Insurance Company, Policy #, Group #, Authorization #

REQUESTING DOCTOR

Last Name, First Name, Practice/Facility Name, Address, City, State, Zip, Telephone, HIPAA Fax, Email, NPI #

Physician Signature Required by CMS

PLEASE COMPLETE ALL ITEMS – TYPE / PRINT PER HIPAA REGULATIONS

KSL Beutner Laboratories complies with the Health Insurance Portability and Accounting Act (HIPAA). The information provided herein will remain strictly confidential.

COMPLETE BILLING AUTHORIZATION ON BACK BEFORE SUBMITTING

REQUEST FREE TEST KITS AT 1-800-288-0549, INDICATE BELOW, OR ORDER AT BEUTNERLABS.COM

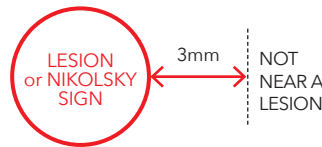
BIOPSY KITS, SERUM KITS, 4-TUBE KITS with checkboxes and # fields

DATA ON SKIN AND MUCOSAL BIOPSIES – FOR ALL DIRECT IF SPECIMENS, PLEASE FILL OUT THIS PANEL

Interpretation of direct immunofluorescence (IF) of tissue specimens requires knowledge of the location of the biopsy relative to the clinical lesion.

Biopsy of: skin, oral mucosa, conjunctiva, other. Specific location: Lesional site, Normal site, Perilesional site

For Lupus: sun exposed, sun protected. Please draw the biopsy site as it relates to the lesion.



Anti Ro(SS-A)/La(SS-B): ANA titer/pattern:

Fixative used: Beutner Labs, Other

Clinical diagnoses:

ICD-10 Code (Required):

Clinical findings:

SUGGESTED BIOPSY SITES FOR DIRECT IMMUNOFLUORESCENCE AND SERUM STUDIES

BULLOUS DISEASES: INDICATED DIRECT IMMUNOFLUORESCENT (DIF) AND SERUM STUDIES SKIN LESIONS

If pemphigoid or epidermolysis bullosa acquisita is suspected, take skin biopsy with ~2/3 normal skin and ~1/3 edge of lesion.

If pemphigus is suspected, take skin biopsy with ~2/3 normal skin and ~1/3 lesion edge plus serum for best diagnostic results.

If dermatitis herpetiformis is suspected, take normal skin ~3 mm from lesion for best results.

If porphyria or pseudoporphyria is suspected, take skin biopsy with ~2/3 normal skin and ~1/3 lesion edge for best DIF results.

If in doubt, take two biopsies – one perilesional, as for pemphigoid, and one normal, as for DH, for best results.

If eruptions with other non-disease specific immune deposits are suspected, including lichenoid planus or lichenoid eruption or related disorders, take biopsy as for porphyria for DIF and lesional biopsy for light microscopy.*

MUCOSAL LESIONS

If pemphigoid is suspected, take normal mucosa ~3 mm from lesion or Nikolsky sign. For best DIF results, take second biopsy 3-10mm from lesion.

If pemphigus or paraneoplastic pemphigus is suspected, take normal mucosa ~3 mm from lesion or Nikolsky sign plus serum. For best diagnostic results, take two biopsies as for pemphigoid.

If erosive lichen planus (LP) is suspected, take mucosal biopsy with ~2/3 normal mucosa and ~1/3 edge of lesion or of Nikolsky sign for best DIF results.

HEREDITARY EPIDERMOLYSIS BULLOSA (EB)

If hereditary EB needs to be classified or confirmed, take biopsy of induced lesion in normal skin.

CONNECTIVE TISSUE DISEASES: INDICATED DIRECT IMMUNOFLUORESCENT (DIF) AND SERUM STUDIES

If SLE is suspected, take biopsy of sun-exposed normal skin of forearm for DIF for LE band test and blood in serum separator tube (SST). Serum can be sent in red top tube.

If DLE is suspected, take biopsy of lesion in sun-exposed area of 3 or more months duration for DIF and for light microscopy.* Non-sun-exposed areas are of little value.

If SCLÉ or Sjögren Syndrome is suspected, take sun-exposed skin lesion biopsy for DIF for in vivo ANA and blood in SST for serum tests. Serum can be sent in red top tube.

If systemic sclerosis (SSc) is suspected, take biopsy of sun-exposed skin for DIF studies and blood in SST for serum tests. Serum can be sent in a red top tube in red top tube

IMMUNE COMPLEX MEDIATED VASCULITIS: INDICATED DIRECT IMMUNOFLUORESCENT STUDIES*

If leukocytoclastic vasculitis is suspected, (or most other immune complex vasculitides), take biopsy for DIF of a fresh lesion, less than 48 hours old. A lesional biopsy for light microscopy is also indicated.

If Henoch Schoenlein purpura is suspected, take biopsy of a fresh lesion (less than 48 hours old).

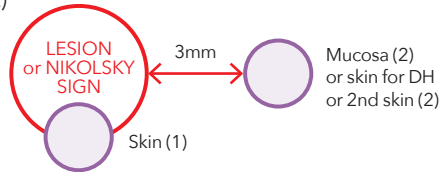
*Additional/separate biopsy should be sent in formalin for light microscopy studies. Light microscopic studies of lesional biopsy sites are indicated, in most cases of vesiculobullous, connective tissue disease, and vascular disorders.

BULLOUS DISEASES**SKIN AND MUCOSAL BIOPSY STUDIES**

- 001 Direct immunofluorescence (DIF) for IgG, IgA, IgM, fibrin and C3. If needed, IgG4 and/or IgG1 are also added for greater sensitivity.
- 002 Differentiation of bullous pemphigoid from epidermolysis bullosa acquisita by DIF of 1 M NaCl split biopsy (with no vesicles)
- 003 Light microscopy (H&E)

BLISTERING AND OTHER ERUPTIONS

Please fill in data on front of form. See front of form for abbreviations.



- (1) Skin biopsy in most pemphigus/pemphigoid cases.
- (2) Mucosal or skin biopsy for DH; 2nd skin biopsy for pemphigus/pemphigoid cases.

SERUM STUDIES

- 010 Laminin 332 (Laminin 5 or epiligrin) antibodies (IIF)
- 014 Split skin, pemphigoid/epidermolysis bullosa acquisita (EBA) differentiation by IgG & IgG4 indirect IF (Split-IIF)
- 015 Desmoglein (Dsg3 and Dsg1) ELISA
- 016 BP230 (BPAG1) and BP180 (BPAG2) ELISA
- 017 Paraneoplastic pemphigus antibody titer (on rat bladder) (PPA-IIF)
- 009 Envoplakin antibodies (ELISA)
- 018 Pemphigus antibody titer prognostic test comparing old and new sera for IgG and IgG4 (Monkey esophagus-IIF)
- 023 Collagen VII antibodies (ELISA)
- 024 IgA split skin - IIF, linear IgA bullous dermatosis (LABD)

SERUM PANELS**BASIC PEMPHIGUS - PEMPHIGOID SCREEN**

- 013 Monkey esophagus for IgG and IgG4 antibodies by indirect immunofluorescence (IIF) Do other profiles if positive? Yes No

PEMPHIGUS

- 025 Monkey esophagus for IgG and IgG4 antibodies by IIF and Dsg 3/1 ELISA

PARANEOPLASTIC PEMPHIGUS NEW

- 026 Monkey esophagus for IgG, IgG1 & IgG4 antibodies by IIF plus IIF on rat bladder and Dsg3/1 ELISA, envoplakin ELISA, and A2M1 Immunoblot*

PEMPHIGOID

- 027 Monkey esophagus and split skin for IgG & IgG4 antibodies by IIF and BP180 plus BP230 ELISA

EBA/BULLOUS LE

- 061 Monkey Esophagus, Split Skin for IgG and IgG4 by IIF and Collagen VII antibodies by ELISA

LAMININ 332 PEMPHIGOID

- 062 Monkey Esophagus, Split Skin for IgG and IgG4, and Laminin 332 (Laminin 5 or epiligrin) antibodies by IIF

DERMATITIS HERPETIFORMIS & CELIAC DISEASE

- 020 IgA/IgG anti endomysial antibodies (AEmA-IIF)
- 022 IgA epidermal transglutaminase antibodies (eTG-ELISA)
- 053 IgA/IgG Tissue Transglutaminase fluoroenzyme immunoassay (tTG-FEIA)
- 054 IgA/IgG Deaminated Gliadin fluoroenzyme immunoassay (DGP-FEIA)
- 055 Comprehensive Panel (020,022,053,054)

HEREDITARY EPIDERMOLYSIS BULLOSA

- 011 IF mapping of pencil eraser induced clefts in normal skin away from lesions for hereditary epidermolysis bullosa (EB): (a) Primary screen for collagen type VII, collagen type IV, & keratin 14 to check for suitable biopsies; (b) For suitable biopsies, test for collagen XVII, alpha6 integrin, beta4 integrin, laminin 332 and plectin to differentiate dystrophic EB and junctional EB from EB simplex

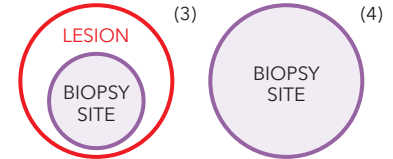
*Turnaround time may be longer for this test.

LUPUS ERYTHEMATOSUS, CONNECTIVE TISSUE & VASCULAR DISEASE**SKIN AND MUCOSAL BIOPSIES**

- 005 Direct immunofluorescence for SLE, DLE & SCLE with tests for IgG, IgA, IgM, fibrin and C3
- 007 Direct immunofluorescence for dermatomyositis with tests for IgG, IgA, IgM, fibrin, C3 and C5b-9
- 006 Direct immunofluorescence for vasculitis with tests for IgG, IgA, IgM, fibrin and C3
- 003 Light microscopy (H&E) to rule out LE

COLLAGEN VASCULAR DISEASES

Please fill in data on front of form. See front of form for abbreviations.



- (3) Sun exposed skin biopsy in most LE cases. Skin biopsy to rule out Henoch Schoenlein purpura and vasculitis (lesion < 48 hours old).
- (4) Sun-exposed skin biopsy to rule out SLE.

CHRONIC ULCERATIVE STOMATITIS

- 033 Stratified epithelium specific ANA (SES-ANA), Monkey esophagus, and ANA (HEp-2)

SYSTEMIC CONNECTIVE TISSUE DISEASE SERUM STUDY PANELS**ANA SCREEN**

- 042 ANA titer and pattern on Hep-2 cells (IIF)

SLE PANEL

- 043 ANA titer and pattern on Hep-2 cells (IIF), antibodies to dsDNA, Ro (SS-A), La (SS-B), Sm, U1RNP, RNP70, Ribo P fluoroenzyme immunoassay (FEIA)

MIXED CONNECTIVE DISEASE PANEL

- 044 ANA titer and pattern on Hep-2 cells (IIF), Sm, U1RNP, RNP70, Jo-1 and Scl-70 fluoroenzyme immunoassay (FEIA)

SJÖGREN SYNDROME PANEL

- 045 ANA titer and pattern on Hep-2 cells (IIF), Rheumatoid Factor, Ro (SS-A), La (SS-B), CENP fluoroenzyme immunoassay (FEIA)

DRUG INDUCED LUPUS PANEL

- 046 ANA titer and pattern on Hep-2 cells (IIF), antibodies to dsDNA, Ro (SS-A), La (SS-B), Sm fluoroenzyme immunoassay (FEIA), Histone (ELISA)

SYSTEMIC SCLEROSIS PANEL

- 047 ANA titer and pattern on Hep-2 cells (IIF), U1RNP, RNP70, Scl-70, CENP, RNA Polymerase III fluoroenzyme immunoassay (FEIA)

ADDITIONAL DISEASE PANELS**RHEUMATOID ARTHRITIS**

- 056 Cyclic citrullinated peptide (CCP), Rheumatoid Factor (RF) fluoroenzyme immunoassay (FEIA), SR-A (ELISA)

VASCULITIS

- 057 Anti-Neutrophil Cytoplasmic Antibody (ANCA- IIF), Myeloperoxidase Ab (MPO), Proteinase 3 Ab (PR3) fluoroenzyme immunoassay (FEIA)

GOODPASTURE SYNDROME

- 058 Glomerular Basement Membrane Antibody (GBM) fluoroenzyme immunoassay (FEIA)

ANTIIPHOSPHOLIPID SYNDROME (APS)

- 059 Cardiolipin IgG/IgA/IgM, Beta-2 Glycoprotein 1 IgG/IgA/IgM fluoroenzyme immunoassay (FEIA)

AUTOIMMUNE THYROID DISEASE

- 060 Thyroglobulin (Tg) and Thyroid Peroxidase (TPO) fluoroenzyme immunoassay (FEIA)

NOTE: Serum studies / profiles require a minimum of 2-5ml of serum

BILLING AUTHORIZATION

KSL Beutner Laboratories will bill your medical insurance using the information provided to us on this Test Request Form. If we do not receive all the required insurance information, you will receive a bill directly from KSL Beutner Laboratories. Please be aware that we may not be participating with your insurance plan and that insurance payment may vary based on your coverage. Ultimately, you are responsible for the full payment or balances not covered by your insurance.

I certify that I have read and understand the information above and consent to the testing procedure(s). I understand that my test(s) are being sent to KSL Beutner Laboratories for analysis and I accept full financial responsibility for any payment that may not be covered by my insurance. I authorize KSL Beutner Laboratories to release medical reports to my health insurance as necessary to process insurance claims and I authorize my insurance to pay KSL Beutner Laboratories directly.

SIGNATURE OF PATIENT, LEGAL GUARDIAN, OR POWER OF ATTORNEY

DATE

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