Beutner Laboratories
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TEST REQUEST FORM

PATIENT INFORMATION

Name		
Parent/Guardian Name *(if patient is a minor)*		
Date of Birth	Sex ☐ Male ☐ Female	
Address		
City	State	Zip
Telephone		

Please fill out reverse side with clinical information.

REQUESTING PROVIDER

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

Physician Signature Required by CMS

REQUEST TEST KITS BELOW, OR CALL OR ORDER ONLINE

☐ **BIOPSY KITS #**___ ☐ **SERUM KITS #**___ ☐ **4-TUBE KITS #**___

BILLING INFORMATION (*indicates only if required)

☐ Inpatient ☐ Outpatient

☐ **Insurance**	Company	Policy Holder	Policy Holder DOB	
	Policy #	Group #	Authorization #*	
FOR INSURANCE BILLING, PROVIDE COMPLETE INSURANCE INFORMATION AND SEND PHOTOCOPY OF PATIENT'S INSURANCE CARD, FRONT AND BACK.				
☐ **Lab/Facility**	Address		City	State / Zip
	MR/Lab #	PO#*	Billing Email	
☐ **Doctor**	Address		City	State / Zip
☐ **Patient**	No additional information required			

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. **See "Billing and Insurance" page in the "Resources" drop-down menu at www.beutnerlabs.com for a list of participating insurances or to request self-pay pricing.** 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
X	☐ SIGNATURE ON FILE	

SUGGESTED SAMPLE TYPES AND BIOPSY SITES FOR DIRECT IMMUNOFLUORESCENCE (DIF) STUDIES

SKIN LESIONS

Suspected pemphigoid or epidermolysis bullosa acquisita:
- Take skin biopsy with ~2/3 normal skin and ~1/3 edge of lesion
- For best DIF results, take second biopsy ~3 mm from lesion

Suspected pemphigus:
- Take skin biopsy with ~2/3 normal skin and ~1/3 edge of lesion
- For best DIF results, take second biopsy ~3 mm from lesion
- Send blood in serum separator tube (SST) or red top tube for serum studies

Suspected Dermatitis herpetiformis (DH):
- Take normal skin ~3 mm from lesion

Suspected porphyria or pseudoporphyria:
- Take skin biopsy with ~2/3 normal skin and ~1/3 edge of lesion – **if in doubt, take two biopsies:**
  - one perilesional with ~2/3 normal skin and ~1/3 edge of lesion, and
  - one normal skin ~3 mm from lesion

Eruptions with other non-disease specific immune deposits (including lichenoid planus or lichenoid eruption or related disorders):
- Take perilesional biopsy with ~2/3 normal skin and 1/3 edge of lesion, and additional separate biopsy for light microscopy, sent in formalin

HEREDITARY EPIDERMOLYSIS BULLOSA (EB)

- Take biopsy of **induced** lesion in normal skin to classify or confirm

MUCOSAL LESIONS

Suspected pemphigoid:
- Take normal mucosa ~3 mm from lesion or Nikolsky sign
- For best DIF results, take second biopsy ~3–10 mm from lesion

Suspected pemphigus or Paraneoplastic Pemphigus (PNP) / Paraneoplastic Autoimmune Multiorgan Syndrome (PAMS):
- Take normal mucosa ~3 mm from lesion or Nikolsky sign
- For best DIF results, take second biopsy ~3–10 mm from lesion
- Send blood in SST or red top tube for serum studies

Suspected Erosive lichen planus:
- Take mucosal biopsy with ~2/3 normal mucosa and ~1/3 edge of lesion or of Nikolsky sign

IMMUNE COMPLEX MEDIATED VASCULITIS

Suspected leukocytoclastic vasculitis (and most immune complex vasculitides):
- Take biopsy for DIF of a fresh lesion, less than 48 hours old
- Additional, separate lesional biopsy for light microscopy, sent in formalin

Suspected IgA vasculitis or other immune complex mediated vasculitis:
- Take biopsy of a fresh lesion (less than 48 hours old)

CONNECTIVE TISSUE DISEASES

Suspected systemic lupus erythematosus (SLE):
- Take biopsy of sun-exposed normal skin of forearm for DIF for LE band test
- Send blood in SST or red top tube for serum studies

Suspected discoid lupus erythematosus (DLE):
- Take biopsy of a sun-exposed lesion of 3 or more months duration for DIF and for light microscopy
- Non-sun-exposed areas are of little value

Suspected subacute cutaneous lupus erythematosus (SCLE) or Sjögren's Disease:
- Take sun-exposed skin lesion biopsy for DIF for in vivo antinuclear antibody (ANA)
- Send blood in SST or red top tube for serum studies

Suspected systemic sclerosis:
- Take biopsy of sun-exposed skin for DIF studies
- Send blood in SST or red top tube for serum studies

FOR OPTIMAL BIOPSY SITE LOCATION INFORMATION AND HELPFUL DIAGRAMS, SCAN THIS QR CODE:

Date of Specimen:	ICD-10 Code(s):
Clinical Diagnosis(es):	
Clinical Findings:	

KSL Beutner Laboratories may perform relevant reflex testing on biopsies and serum based on results or clinical indications.

BIOPSY TESTING

Biopsies for DIF testing must be sent in Michel's medium. Biopsies received in formalin cannot be processed for DIF.

☐ **Direct Immunofluorescence (DIF) for IgG, IgA, IgM, fibrin and C3**

- If needed, IgG4 and/or IgG1 added for greater sensitivity
- If dermatomyositis is suspected, C5B-9 will be added
- If positive, salt & split studies may be performed as needed in suitable biopsies

☐ **Hematoxylin and Eosin (H&E) Testing / H&E Consult**

- H&E testing must be sent in **formalin**

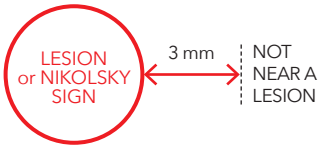
Interpretation of DIF of tissue specimens requires knowledge of location of biopsy.

Biopsy of:
☐ skin ☐ conjunctiva
☐ oral mucosa ☐ other

For Lupus:
☐ sun exposed
☐ sun protected

Specific location:
☐ Lesional: _____
☐ Normal: _____
☐ Perilesional: _____

Please draw biopsy site as it relates to the lesion.

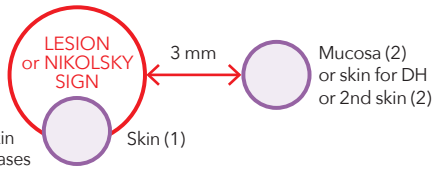


Suggested Sites

BLISTERING AND OTHER ERUPTIONS

Please fill in data above.

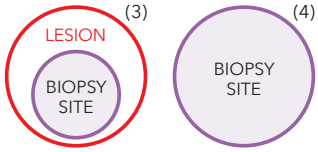
(1) Skin biopsy in most pemphigus/pemphigoid cases
(2) Mucosal or skin biopsy for DH; 2nd skin biopsy for pemphigus/pemphigoid cases



COLLAGEN VASCULAR DISEASES

Please fill in data above.

(3) Sun exposed skin biopsy in most LE cases; skin biopsy to rule out IgA vasculitis and other immune complex mediated vasculitis (lesion < 48 hours old)
(4) Sun-exposed skin biopsy to rule out SLE



Immunofluorescence (IF) Mapping for Hereditary Epidermal Bullosa

☐ IF mapping of pencil eraser induced clefts in normal skin, away from lesions, for hereditary epidermolysis bullosa (EB):

- Primary screen for collagen type VII, collagen type IV, & keratin 14 to check for suitable biopsy;
- 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

SERUM TESTING – PANELS

2-5 mL serum collected in a SST or red-top tube and centrifuge collection tube.

☐ **Pemphigoid Panel (027)**

- 013, Basic Pemphigus/Pemphigoid Screen & Titer on Monkey Esophagus – IgG & IgG4 by Indirect Immunofluorescence (IIF)
- 014, Split Skin – IgG & IgG4 (IIF)
- 016, BP230 (BPAG1) and BP180 (BPAG2) Antibodies – IgG (ELISA)

☐ **Laminin 332 Pemphigoid Panel (062)**

- 013, Basic Pemphigus/Pemphigoid Screen & Titer on Monkey Esophagus – IgG & IgG4 (IIF)
- 014, Split Skin – IgG & IgG4 (IIF)
- 010, Laminin 332 (Laminin 5 or epiligrin) Antibodies – IgG & IgG4 (IIF)

☐ **Laminin Beta 4 Pemphigoid Panel (063)**

- 013, Basic Pemphigus/Pemphigoid Screen & Titer on Monkey Esophagus – IgG & IgG4 (IIF)
- 014, Split Skin – IgG & IgG4 (IIF)
- 012, Laminin beta 4 (p200) Antibodies – IgG & IgG4 (IIF)

☐ **Pemphigus Panel (025)**

- 013, Basic Pemphigus/Pemphigoid Screen & Titer on Monkey Esophagus – IgG & IgG4 (IIF)
- 015, Desmoglein (Dsg 3 & Dsg 1) Antibodies (ELISA)

☐ **PNP / PAMS Panel (026)**

- 013a, Pemphigus/Pemphigoid Antibody Titer on Monkey Esophagus – IgG, IgG1 & IgG4 (IIF)
- 015, Desmoglein (Dsg 3 & Dsg 1) Antibodies (ELISA)
- 017, PNP/PAMS Antibody Titer on Rat Bladder (IIF)
- 009, Envoplakin Antibodies – IgG (ELISA)
- 065, A2ML1 Immunoblot*

*Additional turnaround time required for this test

☐ **EBA/Bullous LE Panel (061)**

- 013, Basic Pemphigus/Pemphigoid Screen & Titer on Monkey Esophagus – IgG & IgG4 (IIF)
- 014, Split Skin – IgG & IgG4 (IIF)
- 023, Collagen VII Antibodies (ELISA)

☐ **Dermatitis Herpetiformis & Celiac Disease (055)**

- 020, Endomysial Antibody (EmA) – IgG & IgA (IIF)
- 022, Epidermal Transglutaminase Antibodies (eTG) – IgA (ELISA)
- 053, Tissue Transglutaminase Antibodies (h-tTG) – IgG & IgA (ELISA)
- 054, Gliadin Antibodies – IgA & IgG (ELISA)

☐ **Chronic Ulcerative Stomatitis (033)**

- Stratified Epithelium Specific ANA (SES-ANA), Monkey esophagus, and ANA on HEp-2 (IIF)

☐ **Anti-nuclear Antibodies (ANA) Screen (IIF) (042)**

- ANA titer and pattern on HEp-2 cells

☐ **Rheumatoid Arthritis Panel (056)**

- Cyclic citrullinated peptide (ELISA)
- Rheumatoid Factor (ELISA)
- SR-A (ELISA)

SERUM TESTING – INDIVIDUAL TESTS

2-5 mL serum collected in a SST or red-top tube and centrifuge collection tube.

009 ☐ Envoplakin Antibodies – IgG (ELISA)
010 ☐ Laminin 332 (Laminin 5 or epiligrin) Antibodies – IgG & IgG4 (IIF)
012 ☐ Laminin beta 4 (p200) Antibodies – IgG & IgG4 (IIF)
013 ☐ Basic Pemphigus/Pemphigoid Screen & Titer on Monkey Esophagus – IgG & IgG4 (IIF)

> *Patients with a previous specimen sent within the last year positive for intercellular antibodies will be reflexed to Test 018, for comparative prognostic testing between old and new samples.*

014 ☐ Split Skin – IgG & IgG4 (IIF)
015 ☐ Desmoglein (Dsg 3 & Dsg 1) Antibodies (ELISA)
016 ☐ BP230 (BPAG1) and BP180 (BPAG2) Antibodies – IgG (ELISA)
017 ☐ PNP/PAMS Antibody Titer on Rat Bladder (IIF)
018 ☐ Pemphigus Antibody Titer Prognostic Test – IgG & IgG4 (IIF)
020 ☐ Endomysial Antibody (EmA) - IgG & IgA (IIF)
022 ☐ Epidermal Transglutaminase Antibodies (eTG) – IgA (ELISA)
053 ☐ Tissue Transglutaminase Antibodies (h-tTG) – IgG & IgA (ELISA)
054 ☐ Gliadin Antibodies – IgA & IgG (ELISA)