



# Immunodermatology Laboratory

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## IMMUNOFLUORESCENCE (IMF) REQUEST FORM

Red boxes indicate essential information. Any red box fields left blank may result in delays to specimen processing

<p><b>SURNAME</b> .....</p> <p><b>Forename</b> .....</p> <p><b>DoB</b> ..... / /      <input type="checkbox"/> M   <input type="checkbox"/> F</p> <p><b>Patient No.</b> .....</p> <p><b>Originating Lab No.</b> .....</p> <p><i>(OR AFFIX PATIENT INFORMATION LABEL HERE)</i></p> <hr/> <p>NHS patient <input type="checkbox"/>    Private patient <input type="checkbox"/> →</p> <hr/> <p><b>Hospital/Centre</b> ..... <i>(PLEASE DO NOT USE ABBREVIATIONS)</i></p> <p><b>Requesting clinician</b> .....</p>	<p><b>Report destination:</b></p> <p>Dept .....</p> <p>Address .....</p> <p>.....</p> <p>.....</p> <p>Email .....</p> <hr/> <p><b>Billing address (PRIVATE PATIENTS ONLY):</b></p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p><input type="checkbox"/> Patient   <input type="checkbox"/> Physician   <input type="checkbox"/> Hospital   <input type="checkbox"/> Insurance Co.</p>
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**Clinical information:**

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Differential diagnoses .....

**Specimen information:**

Biopsy      Date taken: ..... / /      No. of biopsies:     1    2    3

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

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

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

Serum\*       Indirect immunofluorescence      **\*Please send 1x gold top serum separator tube (SST)**

Blister fluid#       DSG1/3 ELISA (pemphigus)       BP180/230 ELISA (pemphigoid)       COLVII ELISA (EBA)

*#0.5 ml minimum in sterile container*

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Author: John Mee  
Authorised by: Fiona Denham

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