



LABORATORY REPORT

Example Client, XYZ123
1234 Warde Road
Ann Arbor MI 48108

EXAMPLE, REPORT W
WX0000003827 M 07/08/1978 45 Y

Referral Testing

Collected: 09/22/2023 15:21 Received: 09/22/2023 15:21

Test Name Result Flag Ref-Ranges Units Site

Cutaneous Direct Immunofluorescence (IFA), Biopsy

Interpretation SEE BELOW MMRL

A. Left elbow, skin punch biopsy, Immunofluorescence:

IgG:Negative
IgG4: Negative
IgM:Negative
IgA:Negative
C3:Continuous strong linear deposition along the basement membrane zone
Fibrinogen:Negative

Impression :
Consistent with a subepidermal autoimmune mucocutaneous blistering disorder (see comment)

Comment:
The pattern of linear basement membrane zone deposition with C3 is consistent with a subepidermal autoimmune mucocutaneous blistering disorder including bullous pemphigoid and its variants, epidermolysis bullosa acquisita, bullous systemic lupus erythematosus and other rare variants (anti-p200 pemphigoid, anti-p105 pemphigoid and anti-collagen IV pemphigoid). The final definitive diagnosis should however be based on correlation of these direct immunofluorescence findings with the clinical presentation, histopathological findings on examination of sections from formalin-fixed, paraffin-embedded tissue and serum testing for (a) indirect immunofluorescence using primate salt split skin and primate esophagus substrates with IgG conjugates (Mayo Test Code: CIFS; Cutaneous Immunofluorescence Antibodies (IgG)); (b) ELISA testing for NC16A-BP 180 and BP 230 IgG antibodies (Mayo Test Unit Code BPAB:NC16A-BP 180 and BP 230 IgG antibodies); and (c) autoimmune connective tissue disease serologies (Mayo Test Code: CTDC:Connective Tissue Diseases Cascade).

-----ADDITIONAL INFORMATION-----
This test was developed using an analyte specific reagent. Its performance characteristics were determined by Mayo Clinic in a manner consistent with CLIA requirements. This test has not been cleared or approved by the U.S. Food and Drug Administration.

LAB: L - LOW, H - HIGH, AB - ABNORMAL, C - CRITICAL, . - NOT TESTED

F322000021 Ordered By: KAJAL SITWALA, MD, PhD
WX0000003827 WX0000000002365
Printed D&T: 09/22/23 15:23

Kajal V. Sitwala, MD, PhD - Medical Director
Form: MM RL1
PAGE 1 OF 2



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Table with 6 columns: Test Name, Result, Flag, Ref-Ranges, Units, Site. Rows include 'Participated in the Interpretation', 'Report electronically signed by', 'Addendum', and 'Case Number'.

RESULT: xxx M.D.

Test Performed by:
Mayo Clinic Laboratories - Rochester Main Campus
200 First Street SW, Rochester, MN 55905
Lab Director: William G. Morice M.D. Ph.D.; CLIA# 24D0404292

Performing Site:
MMRL: MAYO MEDICAL REFERENCE LAB 3050 Superior Drive NW Rochester MN 55901

Reported Date: 2023.09.22 15:22 CIB

LAB: L - LOW, H - HIGH, AB - ABNORMAL, C - CRITICAL, . - NOT TESTED