**Reporting Title:** Cutaneous Immfluor. Ab, S (IgG)

**Performing Location** Rochester

**Specimen Requirements:**

**Container/Tube:**
- **Preferred:** Red top
- **Acceptable:** Serum gel

**Specimen Volume:** 2 mL

**Forms:**

<table>
<thead>
<tr>
<th>Specimen Type</th>
<th>Temperature</th>
<th>Time</th>
<th>Special Container</th>
</tr>
</thead>
<tbody>
<tr>
<td>Serum</td>
<td>Refrigerated (preferred)</td>
<td>14 days</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Frozen</td>
<td>30 days</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ambient</td>
<td>14 days</td>
<td></td>
</tr>
</tbody>
</table>

**Supplemental Report:**
No

**CPT Code Information:**
88346
88350

**Reference Values:**
Report includes presence and titer of circulating antibodies. If serum contains BMZ antibodies on split-skin substrate, patterns will be reported as: 1) epidermal pattern, consistent with pemphigoid or 2) dermal pattern, consistent with epidermolysis bullosa acquisita.

Negative in normal individuals