

**INSTITUTE FOR  
IMMUNOFLUORESCENCE**

CARLOS H. NOUSARI M.D.  
DIRECTOR

**PATIENT INFORMATION**

Test patient  
Sex:  
D.O.B. / Age:  
Patient ID:  
Patient Phone:

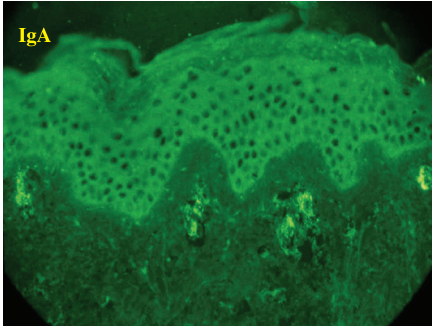
**PHYSICIAN INFORMATION**

(TEST DOCTOR)  
MD, DO, DPM, DDS, DMD

**SPECIMEN INFORMATION**

Collected: Accession #: **IF05-**  
Received:  
Reported:

**IMMUNOFLUORESCENCE PATHOLOGY REPORT**  
**PHOTOMICROGRAPH(S)**



**RESULTS**

**DIAGNOSIS:**  
**SKIN BIOPSY, RIGHT ANTERIOR LEG -**

**DIAGNOSIS:**  
**DIRECT IMMUNOFLUORESCENCE POSITIVE FOR IgA VASCULITIS.**

**Note: There are strong granular IgA and weaker C3, C5b-9, fibrinogen deposits in and around superficial dermal blood vessels. There are no IgG, IgM deposits observed in this specimen. These immuno findings are characteristic of those seen in IgA vasculitis.**

*Carlos H. Nousari, MD*

**CARLOS H. NOUSARI, MD DERMATOPATHOLOGIST ELECTRONIC SIGNATURE**

**CLINICAL INFORMATION**

Palpable and nonpalpable purpuric lesions on lower extremities R/O vasculitis.

**SPECIMEN DATA**

**GROSS DESCRIPTION:**

The specimen is a punch biopsy received in immunofluorescence transport medium that measures 0.4 x 0.4 x 0.2 cm. The specimen is flash frozen and multiple 4 micron sections are cut for manual immunofluorescence staining. The sections are probed with fluorescein labeled antihuman antibodies against IgG, IgA, IgM, C3, C5b-9 and fibrinogen.

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**\*\*\* FINAL REPORT \*\*\***

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