

ELISA TEST FOR AUTOIMMUNE BLISTERING DISEASES

Available at:

RESEARCH INSTITUTE FOR TROPICAL MEDICINE

BP 180
Dsg 1 & 3

RIZAL MEDICAL CENTER

BP 180, 230
Dsg 1, 3
Envoplakin
Type VII Collagen

UNIVERSITY OF THE PHILIPPINES - PHILIPPINE GENERAL HOSPITAL

BP 180, 230
Dsg 1 & 3

NOTE:

See detailed infographics below per institution

Prepared by the **Immunodermatology Subspecialty Core Group**
of the **Philippine Dermatological Society**

www.pds.org.ph





ELISA

ENZYME-LINKED IMMUNOSORBENT ASSAY
FOR AUTOIMMUNE BLISTERING DISEASE

AVAILABLE ANTIGENS

- BP 180


**BULLOUS PEMPHIGOID
PEMPHIGOID GESTATIONIS**


- DSG 1 & DSG 3

PEMPHIGUS

PER ANTIGEN

₱ 1,500

 Specimen Run: Every Monday
Cut Off: Friday 04:00 p.m.

 Results will be sent via e-mail



WALK-IN

1. Send patient with laboratory request at Triage Area for extraction
2. Fill-up the required forms
3. Wait for the charge slip and pay at the cashier
4. Return the receipt
5. Blood extraction



SUBMIT SPECIMEN SAMPLE:

1. SUBMIT EITHER:
 - Two (2) 5ml of whole blood in yellow-top tube **WITHOUT** ice, if specimen can be submitted within 30 minutes **OR**
 - Two (2) 5ml of whole blood in yellow-tube, stand for 30 minutes before centrifuge at 4000 rpm for 10 minutes and travel indirectly with ice
2. Fill-up the required forms (Name, Age, Birthday, Address, Contact No., E-mail Address, Diagnosis, Attending Physicians Name)
3. Wait for the charge slip and pay at the cashier
4. Return the receipt

FOR INQUIRIES

RESEARCH INSTITUTE FOR TROPICAL MEDICINE
DEPARTMENT OF DERMATOLOGY
LOOK FOR: **BULLOUS CLUB MEMBERS**
Landline: (02) 8807-2628 to 32 local 424
Cellphone No. +63 927 679 4107
Mondays to Fridays 08:00 a.m. to 05:00 p.m.



DEPARTMENT OF HEALTH
RIZAL MEDICAL CENTER
DEPARTMENT OF DERMATOLOGY



ELISA

ENZYME-LINKED IMMUNOSORBENT ASSAY

AVAILABLE AT RIZAL MED FOR
PHP 1,500
PER ANTIGEN

PROCESS

WALK-IN PATIENTS

- 1** Send patient with lab request (may also be obtained from RMC Skin Center) to the RMC OPD laboratory
- 2** The lab will issue a charge slip, after which payment can be made at the cashier
- 3** The patient must return to the lab with the receipt, then blood extraction will be done

SPECIMEN SEND-OUT

Send two **5-mL vials** of patient's serum in a red tube top, transported at **~15°C**, together with lab request, to the **MAIN** laboratory within **6 hours** of extraction

Kindly coordinate with RMC lab at 8865-8400 loc. 318

RESULTS CAN BE CLAIMED IN
2-3 WEEKS

via email (consent required) or at the RMC OPD lab

AVAILABLE ANTIGENS

BP180
BP230
Dsg1
Dsg3
Envoplakin
Type VII collagen

FOR INQUIRIES, YOU MAY CONTACT

Rizal Medical Center
Department of Dermatology
Skin Center, 3rd floor, Out-Patient Department
Monday to Friday, 7 am to 4 pm
Cellphone No.: 0995 510 3588



DEPARTMENT OF HEALTH
RIZAL MEDICAL CENTER
DEPARTMENT OF DERMATOLOGY



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PER ANTIGEN

AVAILABLE ANTIGENS

BP180

Bullous pemphigoid; Pemphigoid gestationis

BP230

Bullous pemphigoid; Pemphigoid gestationis

Dsg1

Pemphigus vulgaris; Pemphigus foliaceus

Dsg3

Pemphigus vulgaris

Envoplakin

Paraneoplastic pemphigus

Type VII collagen

Epidermolysis bullosa acquisita;
Bullous systemic lupus erythematosus

RESULTS CAN BE CLAIMED IN
2-3 WEEKS

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PHYSICIAN'S GUIDE FOR ELISA TEST

FOR AUTOIMMUNE BLISTERING DISEASES

1. CONTACT THE UP-PGH DEPARTMENT OF DERMATOLOGY

8554 8400 loc. 5105

First confirm if ELISA is available, make sure to leave your contact details. If available, you will be contacted by the ELISA resident of the month via Viber/Telegram.



3. PAYMENT DETAILS

Deposit Php 1,507 each for BP180, BP230, Dsg 1, Dsg 3

Bank: Bank of the Philippine Islands (BPI)
Account Name: Dermatology Service Foundation, Inc.
Account number: 4981-0034-41

Proof of payment (deposit slip / screenshot) to
dermatology.uppg@up.edu.ph with
subject title: **ELISA 2023_LAST NAME,First Name**



5. SPECIMEN SUBMISSION, PROCESSING AND RESULTS

Please send to the following:

(Name of ELISA Resident of the Month)
Department of Dermatology
G/F, Outpatient Department
Philippine General Hospital
Padre Faura St., Ermita, Manila



AVAILABLE ANTIGENS

**BP180, BP230
Dsg 1, Dsg 3**

2. PATIENT DETAILS AND DOCUMENTS REQUIRED

Endorse the patient to the PGH
ELISA resident. Kindly include:

- a. Patient name, age, sex
- b. Proof of payment
- c. Specimen



4. PREPARING THE SPECIMEN

1. Extract blood from the patient to fill **one 3-ml red or yellow top**.
2. Label the specimen container with the patient's **name/ age/ sex/ extraction site/ date and time of extraction**.
3. Transport the specimen in a **container with ice (2-8C temperature), the same day of extraction**.



Delivery **strictly within office hours, Monday to Friday: 730am to 3:00pm*

GUIDE FOR ELISA

FOR AUTOIMMUNE BLISTERING DISEASES

WALK-IN PATIENTS

MONDAYS - FRIDAYS (7:30AM - 12NN)

1. CONTACT PGH IMMUNOLOGY LABORATORY

(02) 8554 8400 local 3204

For any inquiry and to confirm the availability of the desired assay(s), please call the number above.

2. PAYMENT

Bring the lab request from your physician to the **Laboratory (2/F) of the PGH Outpatient Department** to procure a PGH Laboratory Request.

And then, proceed to the **cashier (1/F)** with the PGH Laboratory Request for payment

Price: **Php 1,510 per antigen test**

*Note: PGH Cashier only accepts **cash** as mode of payment

3. BLOOD EXTRACTION

Return to the **Laboratory of the PGH Outpatient Department (2F)** with the PGH Laboratory **request and the receipt** and have your blood extracted.

4. RESULTS

Claim stub for the results will be provided.

LAB-TO-LAB SENDING

MONDAYS - SUNDAYS (24HRS)

1. CONTACT PGH IMMUNOLOGY LABORATORY

(02) 8554 8400 local 3204

For any inquiry and to confirm the availability of the desired assay(s) and receiving personnel, please call the number above.

2. COLLECT SPECIMEN

1. Extract blood from the patient to fill **one 3-ml red or yellow top**.

2. Label the specimen container with the patient's **name/ age/ sex/ extraction site/ date and time of extraction**.

3. Transport the specimen in a **container with ice (2-8 deg Celsius)**, the same day of extraction.

3. DELIVER SPECIMEN

Bring the lab request from referring physician and the blood sample to the:

Laboratory Information Office

2nd floor, Laboratory Complex, Philippine General Hospital, Taft Avenue, Ermita, Manila 1000, Metro Manila

4. PAYMENT

Proceed to the cashier for payment:

Php 1,510 per antigen

*Note: PGH Cashier only accepts **cash** as mode of payment

5. RESULTS

Claim stub for the results will be provided.

AVAILABLE ANTIGENS
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