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:

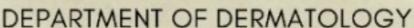
See detailed infographics below per institution





DEPARTMENT OF HEALTH

RESEARCH INSTITUTE FOR TROPICAL MEDICINE





ENZYME-LINKED IMMUNOSORBENT ASSAY FOR AUTOIMMUNE BLISTERING DISEASE

AVAILABLE ANTIGENS

- BP 180

BULLOUS PEMPHIGOID PEMPHIGOID GESTATIONIS

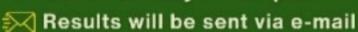
- DSG 1 & DSG 3

PEMPHIGUS

PER ANTIGEN

1,500







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.





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





ENZYME-LINKED IMMUNOSORBENT ASSAY

AVAILABLE AT RIZAL MED FOR PHP 1,500 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

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

FOR INQUIRIES, YOU MAY CONTACT

Rizal Medical Center
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Skin Center, 3rd floor, Out-Patient Department
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PHYSICIAN'S GUIDE FOR

ELISA TEST





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.uppgh@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 vellow top.

yellow top.

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

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

- Extract blood from the patient to fill one 3-ml red or yellow top.
- Label the specimen container with the patient's name/ age/ sex/ extraction site/ date and time of extraction.
- 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

BP180, BP230, Dsg 1, Dsg 3

