Recommended Biopsy Sites for Direct Immunofluorescence

Compass Dermatopathology offers the following guidelines to maximize Immunofluorescence sensitivity:

**Subepidermal immunobullous disease (Pemphigus, pemphigoid, etc)**
- **BIOPSY:** immediate perilesional, erythematous skin or mucosa  
  *Just next to, but not including, a new or active blister*
- **AVOID:** ulcers, erosions, bullae and distal extremities
- **SPECIFY:** “uninvolved” on requisition

**Dermatitis herpetiformis:**
- **BIOPSY:** slightly removed perilesional normal appearing skin  
  *3 – 5 mm away from active lesion. Multiple biopsies may be required.*
- **AVOID:** active lesions
- **SPECIFY:** “uninvolved” on requisition

**Lupus erythematosus and mixed connective tissue disease:**
- **TWO BIOPSIES FOR DIF:**
  A. erythematous or active border of established active lesion
  B. sun-protected buttock or inner thigh
- **AVOID:** old lesions, ulcerated skin, and facial lesions
- **SPECIFY:**
  A. “involved” on requisition
  B. “uninvolved” on requisition

**Lichen planus and lichenoid reactions including drug reactions:**
- **BIOPSY:** involved skin or mucosa of new lesions
- **AVOID:** ulcers and old lesions
- **SPECIFY:** “involved” on requisition

**Vasculitis and urticaria:**
- **BIOPSY:** ideally pink and/or active border of new lesion  
  *ideal lesion should be less than 48 hours old*
  *uninvolved skin may yield diagnostic information but is less sensitive*
- **AVOID:** ulcers, old lesions, and *when possible* distal lower extremities
- **SPECIFY:** “involved” when ideal lesion is present, otherwise “uninvolved”

**Porphyria and pseudoporphyria:**
- **BIOPSY:** involved skin of a new lesion
- **AVOID:** ulcers, erosions and old lesions
- **SPECIFY:** “involved” on requisition