

Overview

Method Name

Immunoassay FEIA

NY State Available

No

Specimen

Specimen Type

Serum

Specimen Required**Container/Tube:****Preferred:** Red top**Acceptable:** Serum gel**Collection Instructions:** Draw blood in a plain, red-top tube(s), serum gel tube(s) is acceptable. Spin down and send 0.6 mL of serum refrigerated in a plastic vial.**Specimen Minimum Volume**

0.5 mL

Reject Due To

| | |
|------------|------------------|
| Hemolysis: | Gross reject |
| Thawing: | Warm OK; Cold OK |

Specimen Stability Information

| Specimen Type | Temperature | Time | Special Container |
|---------------|--------------------------|---------|-------------------|
| Serum | Refrigerated (preferred) | 28 days | |
| | Frozen | 28 days | |
| | Ambient | 7 days | |

Clinical & Interpretive

Reference Values

| | |
|-------------------------------------|--------------|
| Alternaria tenuis/alternata IgG | <12.0 mcg/mL |
| Aspergillus fumigatus IgG | <46.0 mcg/mL |
| Aureobasidium pullulans IgG | <18.0 mcg/mL |
| Laceyella sacchari IgG | <25.0 mcg/mL |
| Micropolyspora faeni IgG | <5.0 mcg/mL |
| Penicillium Chrysogenum/notatum IgG | <22.0 mcg/mL |
| Phoma betae IgG | <8.0 mcg/mL |
| Trichoderma viride IgG | <10.0 mcg/mL |

Antibody levels greater than the reference range indicate that the patient has been immunologically sensitized to the antigen. The significance of elevated IgG depends on the nature of the antigen and the patient's clinical history. The test method was the Phadia ImmunoCAP.

Interpretation

| | |
|-----------------------------|-----|
| mcg/mL of IgG | |
| Lower Limit of Quantitation | 2.0 |
| Upper Limit of Quantitation | 200 |

Performance

PDF Report

No

Day(s) Performed

Monday through Friday

Report Available

2 to 7 days

Performing Laboratory Location

Eurofins Viracor

Fees & Codes

Fees

- Authorized users can sign in to [Test Prices](#) for detailed fee information.
- Clients without access to Test Prices can contact [Customer Service](#) 24 hours a day, seven days a week.
- Prospective clients should contact their Regional Manager. For assistance, contact [Customer Service](#).

Test Classification

This test was developed and its performance characteristics determined by Eurofins Viracor. It has not been cleared or approved the the U.S. Food and Drug Administration.

CPT Code Information

86001 x 8

LOINC® Information

| Test ID | Test Order Name | Order LOINC® Value |
|---------|------------------------------------|--------------------|
| FHSP | Hypersensitivity Pneumonitis Panel | Not Provided |

| Result ID | Test Result Name | Result LOINC® Value |
|-----------|---------------------------------|---------------------|
| Z3166 | Alternaria tenuis/alternata IgG | 26951-4 |
| Z3167 | Aspergillus fumigatus IgG | 26954-8 |
| Z3168 | Aureobasidium pullulans IgG | 26955-5 |
| Z3169 | Micropolyspora faeni IgG | 26948-0 |
| Z3170 | Penicillium Chrysogenum IgG | 26957-1 |
| Z3171 | Phoma betae IgG | 35551-1 |
| Z3173 | Trichoderma viride IgG | 49687-7 |
| Z6124 | Laceyella sacchari IgG | Not Provided |