

## Overview

**Method Name**

Enzyme Immunoassay (FEIA)

**NY State Available**

No

## Specimen

**Specimen Type**

Serum

**Specimen Required****Collection Container/Tube:****Preferred:** Red Top**Acceptable:** Serum gel**Submission Container/tube:** Plastic vial**Specimen Volume:** 0.5 mL**Collection Instructions:**

1. Draw blood in a plain red-top tube(s), serum gel tube(s) is acceptable.
2. Centrifuge and aliquot 0.5 mL of serum into a plastic vial.
3. Send refrigerate.

**Specimen Minimum Volume**

See Specimen Required

**Reject Due To****Specimen Stability Information**

Specimen Type	Temperature	Time	Special Container
Serum	Refrigerated (preferred)	28 days	
	Ambient	7 days	
	Frozen	365 days	

## Clinical & Interpretive

**Reference Values**

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Reference ranges have not been established for food-specific IgG tests.

**Interpretation**

The clinical utility of food-specific IgG tests has not been established. These tests can be used in special clinical situations to select foods for evaluation by diet elimination and challenge in patients who have food-related complaints. It should be recognized that the presence of food-specific IgG alone cannot be taken as evidence of food allergy and only indicates immunologic sensitization by the food allergen in question. This test should only be ordered by physicians who recognize the limitations of the test.

**Performance****PDF Report**

No

**Day(s) Performed**

Monday through Friday

**Report Available**

5 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 account representative. 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 by the U.S. Food and Drug Administration.

**CPT Code Information**

86001

**LOINC® Information**

Test ID	Test Order Name	Order LOINC® Value
FVANG	Vanilla IgG	60412-4

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Result ID	Test Result Name	Result LOINC® Value
FVANG	Vanilla IgG	60412-4