

Aspergillus versicolor IgG

Test Code: 78620

Clinical and Procedure

Clinical Utility

Although there have been many publications concerning the measurement of allergen-specific IgG, the clinical utility of such tests has not been established except in special situations. Thus, the quantitative IgG test should only be ordered by specialists who recognize the limitations of the test. The normal reference ranges reported represent the expected results for individuals who have no unusual exposure and have not been immunized with the indicated allergen. The ranges reported have no disease-associated significance.

Procedure

Enzyme immunoassay (FEIA). A standard curve is used to calculate the specific IgG concentrations. The calibrators are referenced to the International Reference Preparation for serum immunoglobulins. This test has not been cleared or approved for diagnostic use by the U.S. Food and Drug Administration.

Turnaround Time

3 business days from receipt of specimen

Specimen Information

Specimen Type	Order Code	CPT Code	NY Approved	Volume	Assay Range
Serum	78620	86001	Yes	0.5 mL (min. 150 uL)	See Limit of Quantitation Guide

Special Instructions

- Collect 1-2 mL whole blood in red top tube.
- Centrifuge and transfer 0.5 mL serum into a transfer tube.
- Ship at ambient or frozen temperature Monday through Friday.
- Specimens are stable for 1 week ambient, 4 weeks refrigerated; freeze for storage greater than 4 weeks.

The units are micrograms/mL of specific IgG. The reference varies by allergen.

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

Reference ranges vary by allergen.

Causes for Rejection

Lipemic samples may lead to rejection.

Disclaimer

Specimens are approved for testing in New York only when indicated in the Specimen Information field above.



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