



MAYO CLINIC
Mayo Medical Laboratories

1-800-533-1710

**REFERRAL NEW ORDERABLE
UNIT CODE**

NOTIFICATION DATE: May 26, 2009

EFFECTIVE DATE: Immediately

**IGG4 FOOD PANEL VIII
#91936**

EXPLANATION OF CHANGE: The following new orderable, referred to IBT Reference Laboratory, is available immediately.

PREVIOUS ORDER CODE: Misc. IBT #90508

SPECIMEN REQUIREMENTS: Draw blood in a plain, red-top tube(s). (Serum gel tube is acceptable.) Spin down and send 1 mL of serum refrigerated.

LIST FEE: \$136.00

CPT CODE: 86001x6

DAY(S) SET UP:
Monday, Wednesday, Friday

ANALYTIC TIME:
2-3 days

QUESTIONS: Contact Mayo Medical Laboratories
Telephone: 800-533-1710



TEST DEFINITION

5/26/2009

MML NAME/ORDER CODE CROSS-REFERENCE

CODE	NAME
91936	IGG4 FOOD PANEL VIII

MML MML TEST SETUP INFORMATION

ORDER CODE	EFF DATE	TC	TITLE	CHECKING NORMALS	PRINT NORMALS (# CODED)	PERFORM SITE *
91936	5/22/2009		IGG4 FOOD PANEL VIII			
UNIT CODE ALWAYS MESSAGE - [ZIBTFDA]						
THIS TEST WAS DEVELOPED AND ITS PERFORMANCE CHARACTERISTICS DETERMINED BY IBT REFERENCE LAB. IT HAS NOT BEEN CLEARED OR APPROVED BY THE FDA.						
TEST PERFORMED BY: IBT REFERENCE LABORATORY						
11274 RENNER BOULEVARD						
LENEXA, KS 66219						
TRANSPORT TEMP : REFRIG 4 WEEKS\AMBIENT 1 WEEK\FROZEN 1 YEAR						
24998			CORN IGG4			
UNITS: MCG/ML						
NO SEX						
ALL AGES : 0.00-0.99 ; <1						
MALE						
ALL AGES : 0.00-0.99 ; <1						
FEMALE						
ALL AGES : 0.00-0.99 ; <1						
- - - - -						
24999			EGG WHITE IGG4			
UNITS: MCG/ML						
NO SEX						
ALL AGES : 0.00-0.99 ; <1						
MALE						
ALL AGES : 0.00-0.99 ; <1						
FEMALE						
ALL AGES : 0.00-0.99 ; <1						
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LABORATORY SERVICE REPORT

1-800-533-1710

PATIENT NAME TESTING, 91936		PATIENT NUMBER		AGE 45	SEX F	ACCESSION # W1374634
ORDERING PHYSICIAN		CLIENT ORDER #				ACCOUNT # LIAISONS
COLLECTION 05/22/09 04:05 P	RECEIVED 05/22/09 04:05 P	REPORT PRINTED 05/26/09 10:00 A		SPECIMEN INFORMATION DATE OF BIRTH:		
DATE	TIME	DATE	TIME			
Test Client Attn: Mayo Liaisons 200 First Street SW Rochester, MN 55905 507-284-8202						

TEST REQUESTED	HI	LO		REF RANGE	PERFORM SITE *
IgG4 Food Panel VIII					
Corn IgG4	H	2.00	mcg/mL	<1	REF
Egg White IgG4	H	5.20	mcg/mL	<1	REF
Milk Cow IgG4	H	30.00	mcg/mL	<30	REF
Peanut IgG4	H	5.00	mcg/mL	<1	REF
Soybean IgG4	H	5.00	mcg/mL	<1	REF
Wheat IgG4	H	5.00	mcg/mL	<5	REF

This test was developed and its performance characteristics determined by IBT Reference Lab. It has not been cleared or approved by the FDA.

Test Performed by: IBT Reference Laboratory
 11274 Renner Boulevard
 Lenexa, KS 66219

* PERFORMING SITE

PATIENT NAME TESTING, 91936	ORDER STATUS Final	COLLECTION DATE AND TIME 05/22/09 04:05 P
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Specimen receipt and report times are in CST/CDT

REPRINT

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LABORATORY SERVICE REPORT

1-800-533-1710

PATIENT NAME TESTING, 91936		PATIENT NUMBER		AGE 45	SEX F	ACCESSION # W1374687
ORDERING PHYSICIAN		CLIENT ORDER #				ACCOUNT # LIAISONS
COLLECTION 05/22/09 04:11 P	RECEIVED 05/22/09 04:11 P	REPORT PRINTED 05/26/09 10:00 A		SPECIMEN INFORMATION DATE OF BIRTH:		
DATE	TIME	DATE	TIME			
Test Client Attn: Mayo Liaisons 200 First Street SW Rochester, MN 55905 507-284-8202						

TEST REQUESTED	HI LO		REF RANGE	PERFORM SITE *
IgG4 Food Panel VIII				
Corn IgG4	0.99	mcg/mL	<1	REF
Egg White IgG4	0.98	mcg/mL	<1	REF
Milk Cow IgG4	29.99	mcg/mL	<30	REF
Peanut IgG4	0.98	mcg/mL	<1	REF
Soybean IgG4	0.99	mcg/mL	<1	REF
Wheat IgG4	4.99	mcg/mL	<5	REF

This test was developed and its performance characteristics determined by IBT Reference Lab. It has not been cleared or approved by the FDA.

Test Performed by: IBT Reference Laboratory
 11274 Renner Boulevard
 Lenexa, KS 66219

* PERFORMING SITE

PATIENT NAME TESTING, 91936	ORDER STATUS Final	COLLECTION DATE AND TIME 05/22/09 04:11 P
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Specimen receipt and report times are in CST/CDT

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