MAYO
Mayo Medical Laboratories
1-800-533-1710

NEW TEST ANNOUNCEMENT REFERRAL
NOTIFICATION DATE: October 12, 2012
EFFECTIVE DATE: November 13, 2012

HYPERSENSITIVITY PNEUMONITIS EXTENDED PANEL (FARMER'S LUNG PANEL)

Test ID: FHPEP

EXPLANATION: The following new orderable, referred to ARUP Laboratories, will be available November 13, 2012.

REFERRAL LAB CODE: 0050157

METHODOLOGY: Qualitative Immunodiffusion/Quantitative ImmunoCAP

REFERENCE VALUES:

Procedure	Units	Ref Interval
Aspergillus fumigatus #1 Antibody		None Detected
Aspergillus fumigatus #6 Antibody		None Detected
Aureobasidium pullulans Antibody		None Detected
Pigeon Serum Antibody		None Detected
Micropolyspora faeni Antibody		None Detected
Thermoactinomyces vulgaris #1 Antibody		None Detected
Aspergillus flavus Antibody		None Detected
Aspergillus fumigatus #2 Antibody		None Detected
Aspergillus fumigatus #3 Antibody		None Detected
Saccharomonospora viridis Antibody		None Detected
Thermoactinomyces candidus Antibody		None Detected
Thermoactinomyces sacchari Antibody		None Detected
Allergen, Animal, Feather Mix IgE	kU/L	Negative
Allergen, Food, Beef IgE	kU/L	<=0.34
Allergen, Food, Pork IgE	kU/L	<=0.34
Allergen, Fungi/Mold, Phoma betae IgE	kU/L	<=0.34
Allergen, Interp, Immunocap Score IgE		See Reference, Interval: Allergen, Interpretation

Thermoactinomyces sacchari Antibody:
Test Information: Aspergillus flavus Antibody; Aspergillus fumigatus #2 Antibody; Aspergillus fumigatus #3 Antibody; Saccharomonospora viridis Antibody; Thermoactinomyces candidus Antibody; Thermoactinomyces sacchari Antibody.

Allergen, Interp, Immunocap Score IgE:
Reference Interval: Allergen, Interpretation

Less than 0.10	kU/L	No significant level detected
0.10-0.34	kU/L	Clinical relevance undetermined
0.35-0.70	kU/L	Low
0.71-3.50	kU/L	Moderate
3.51-17.50	kU/L	High
17.51 or Greater	kU/L	Very High

Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response of skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis.

SPECIMEN REQUIREMENTS:

Draw blood in a plain, red-top tube(s). (Serum gel tube is acceptable.) Separate from cells within 2 hours of collection. Send two 2.5 mL aliquots of serum refrigerated in a plastic vial.

SPECIMEN STABILITY INFORMATION:

Specimen Type	Temperature	Time
Serum	Refrigerated (preferred)	14 days
	Ambient	48 hours
	Frozen	365 days

FEE: $198.80

CPT Code: 86003 x 4, 86331 x 7, 86606 x 5

DAY(S) SET UP: Sunday through Saturday **ANALYTIC TIME**: 3 - 7 days

QUESTIONS: Contact Mary Erath, MML Laboratory Technologist Resource Coordinator
Telephone: 800-533-1710