MAYO CLINIC
Mayo Medical Laboratories

1-800-533-1710

NEW ORDERABLE TEST ID REFERRAL
NOTIFICATION DATE: May 3, 2013
EFFECTIVE DATE: May 20, 2013

HYPERSENSITIVITY PNEUMONITIS EXTENDED PANEL (FARMER'S LUNG PANEL) TEST ID: FHYPP

EXPLANATION OF CHANGE: The following new orderable, referred to ARUP Laboratories, will be available May 20, 2013. This test will replace Test ID FHPEP.

Note: This change is due to reporting field changes in test build requiring a new test ID.

ARUP TEST CODE: 0050157

REFERENCE VALUE

Procedure	Units	Ref Internal
A. fumigatus #1 Ab, Precipitin		None Detected
A. fumigatus #6 Ab, Precipitin		None Detected
A. pullulans Ab, Precipitin		None Detected
Pigeon Serum, Ab, Precipitin		None Detected
M. faeni Ab, Precipitin		None Detected
T. vulgaris #1 Ab, Precipitin		None Detected
A. flavus Ab, Precipitin		None Detected
A. fumigatus #2 Ab, Precipitin		None Detected
A. fumigatus #3 Ab, Precipitin		None Detected
S. viridis Ab, Precipitin		None Detected
T. candidus Ab, Precipitin		None Detected
T. sacchari Ab, Precipitin		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

A. Pullulans Ab, Precipitin:
Testing includes antibodies directed at Aureobasidium pullulans, Aspergillus flavus, Aspergillus fumigatus #1, Aspergillus fumigatus #2, Aspergillus fumigatus #3, Aspergillus fumigatus #6, Micropolyspora faeni, Saccharomonospora viridis, Thermoactinomyces candidus, Thermoactinomyces vulgaris #1, and Thermoactinomyces vulgaris #1, and Thermoactinomyces sacchari.

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.

METHODOLOGY:

Qualitative Immunodiffusion/Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay

SPECIMEN STABILITY INFORMATION

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

SPECIMEN REQUIREMENTS:
Draw blood in a plain red-top tube(s), serum gel tube is acceptable. Spin down and send two 2.5 mL aliquots of serum refrigerated in a plastic vial.

FEE: $198.80

CPT CODE:
86003 x 4 - IgE specific allergens
86331 x 7 - Gel Diffusion Qualitative
86606 x 5 - Aspergillus

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