## Alternaria tenuis/alternata IgG

Order Name: ALTERNAR G Test Number: 5500443 Revision Date: 12/14/2022

| TEST NAME                       |                                                                                                                               | METHODOLOGY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                       | LOINC CODE            |                  |  |
|---------------------------------|-------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-----------------------|------------------|--|
| Alternaria tenuis/alternata IgG |                                                                                                                               | Quantitative ImmunoCAP Fluorescent En                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay |                       |                  |  |
| SPECIMEN REQUIREM               | IENTS                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                       |                       |                  |  |
| Specimen                        | Specimen Volume (min)                                                                                                         | Specimen Type                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Specimen Container                                    | Transport Environment |                  |  |
| Preferred                       | 0.3 mL (0.1 mL)                                                                                                               | Serum                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | Clot Activator SST                                    | Room Tempe            | Room Temperature |  |
| Instructions                    | Specimen Storage: Room ten<br>Specimen Collection: Not Ava<br>Special Instructions: Values of<br>one assay method be used cor | <ul> <li>acimen Type: Red-top tube or gel-barrier tube</li> <li>acimen Storage: Room temperature</li> <li>acimen Collection: Not Available</li> <li>acial Instructions: Values obtained with different assay methods should not be used interchangeably in serial testing. It is recommended that only</li> <li>assay method be used consistently to monitor each patient's course of therapy.</li> <li>acimen Stability: Ambient: Not Available, Refrigerated : Not Available, Frozen: Not Available</li> </ul>                                                                             |                                                       |                       |                  |  |
| GENERAL INFORMATION             |                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                       |                       |                  |  |
| Expected TAT                    | 2 - 4 days                                                                                                                    | 2 - 4 days                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                       |                       |                  |  |
| Clinical Use                    | been established exce<br>limitations of the test.<br>and have not been im                                                     | Although there have been many publications concerning the measurement of allergen-specific IgG, the clinical utility of such tests has not<br>been established except in special situations. Thus, the quantitative IgG test should only be ordered by specialists who recognize the<br>limitations of the test. The normal reference ranges reported represent the expected results for individuals who have no unusual exposure<br>and have not been immunized with the indicated allergen. The ranges reported have no disease-associated significance.<br>Contains: cat, cow, dog, horse |                                                       |                       |                  |  |
| Performing Labcorp Tes<br>Code  | <b>st</b> 605218                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                       |                       |                  |  |
| Notes                           | Labcorp Test Code: 6                                                                                                          | Labcorp Test Code: 605218                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                       |                       |                  |  |
| CPT Code(s)                     | 86001                                                                                                                         | 86001                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                       |                       |                  |  |
| Lab Section                     | Reference Lab                                                                                                                 | Reference Lab                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                       |                       |                  |  |