

Overview

Method Name

Enzyme Immunoassay (FEIA)

NY State Available

No

Specimen

Specimen Type

Serum

Specimen Required**Collection Container/Tube:****Preferred:** Red top**Acceptable:** Serum gel**Submission Container/tube:** Plastic vial**Specimen Volume:** 0.5 mL Serum**Collection Instructions:**

1. Centrifuge and aliquot 0.5 mL of serum into a plastic vial.
2. Send refrigerate.

Specimen Minimum Volume

See Specimen Required

Reject Due To

All specimens will be evaluated by the processing and performing laboratories for test suitability.

Specimen Stability Information

Specimen Type	Temperature	Time	Special Container
Serum	Refrigerated (preferred)	28 days	
	Ambient	7 days	
	Frozen	365 days	

Clinical & Interpretive

Clinical Information

Refer to www.eurofins-viracor.com/test/menu/

Reference Values

Reference ranges have not been established for food-specific IgG tests.

Interpretation

The clinical utility of food-specific IgG tests has not been established. These tests can be used in special clinical situations to select foods for evaluation by diet elimination and challenge in patients who have food-related complaints. It should be recognized that the presence of food-specific IgG alone cannot be taken as evidence of food allergy and only indicates immunologic sensitization by the food allergen in question. This test should only be ordered by physicians who recognize the limitations of the test.

Performance**PDF Report**

No

Day(s) Performed

Monday through Friday

Report Available

3 to 7 days

Performing Laboratory Location

Eurofins Viracor

Fees & Codes**Fees**

- Authorized users can sign in to [Test Prices](#) for detailed fee information.
- Clients without access to Test Prices can contact [Customer Service](#) 24 hours a day, seven days a week.
- Prospective clients should contact their account representative. For assistance, contact [Customer Service](#).

Test Classification

This test was developed and its performance characteristics determined by Eurofins Viracor. It has not been cleared or approved by the U.S. Food and Drug Administration.

CPT Code Information

86001

LOINC® Information

Test ID	Test Order Name	Order LOINC® Value
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FGLUT	Gluten IgG	63091-3
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Result ID	Test Result Name	Result LOINC® Value
FGLUT	Gluten IgG	63091-3