

## 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 refrigerated.

**Specimen Minimum Volume**

See Specimen Required

**Reject Due To****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/](http://www.eurofins-viracor.com/test-menu/)

**Reference Values**

Reference ranges have not been established for food-specific IgG4 tests.

**Interpretation**

The clinical utility of food-specific IgG4 tests has not been clearly 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, and to evaluate food allergic patients prior to food challenges. The presence of food-specific IgG4 has been studied in response to various oral food immunotherapy treatments but cutoffs have not been established.

**Performance****PDF Report**

No

**Day(s) Performed**

Monday, Wednesday, Friday

**Report Available**

4 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
FWHG4	Wheat IgG4	56417-9

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Result ID	Test Result Name	Result LOINC® Value
FWHG4	Wheat IgG4	56417-9