

**Overview****Method Name**

Enzyme Immunoassay (FEIA)

**NY State Available**

No

**Specimen****Specimen Type**

Serum

**Specimen Required**

Draw blood in a plain red-top tube(s), serum gel tube(s) is acceptable. Spin down and send 0.5 mL of serum refrigerated in a plastic vial.

**Specimen Minimum Volume**

0.5 mL

**Reject Due To**

|           |    |
|-----------|----|
| Hemolysis | NA |
| Lipemia   | NA |
| Icterus   | NA |
| Other     | NA |

**Specimen Stability Information**

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

**Clinical and Interpretive****Reference Values**

Reference ranges have not been established for food-specific IgG tests. 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) and Time(s) Test Performed**

Monday through Friday

**Analytic Time**

3 days

**Maximum Laboratory Time**

5 - 7 days

**Performing Laboratory Location**

Viracor Eurofins

**Fees and 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 Regional Manager. For assistance, contact [Customer Service](#).

**Test Classification**

This test was developed and its performance characteristics determined by Viracor Eurofins. 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 |
|---------|---------------------|-------------------|
| FBNWG   | Bean Navy/White IgG | 63079-8           |

| Result ID | Test Result Name    | Result LOINC Value |
|-----------|---------------------|--------------------|
| FBNWG     | Bean Navy/White IgG | 63079-8            |