

Overview

Method Name

Gel Immunodiffusion

NY State Available

Yes

Specimen

Specimen Type

Serum

Specimen Required

Specimen Type: Serum

Container/Tube: Red or SST

Specimen Volume: 0.5 mL

Collection Instructions: 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

| | |
|-----------------|---------------------------------------|
| Gross Hemolysis | Warm OK; Gross reject |
| Gross Lipemia | NA |
| Gross Icterus | NA |
| Other | Outside of the stability requirements |

Specimen Stability Information

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

Clinical & Interpretive

Clinical Information

The measurement of serum precipitins by gel diffusion is a commonly used technique to assess exposure and sensitization to various antigens. They are usually of the IgG or IgM class.

Reference Values

Negative

Interpretation

The gel diffusion method was used to test this patient's serum for the presence of precipitating antibodies (IgG) to the antigens indicated. These antibodies are serological markers for exposure and immunological sensitization. The clinical significance varies, depending on the history and symptoms.

Performance

Method Description

In ouchterlony gel immunodiffusion the sample and the antigen are placed in opposing wells cut in a uniform layer of agarose. This test has not been cleared or approved for diagnostic use by the U.S. Food and Drug Administration.

PDF Report

No

Day(s) Performed

Tuesday and Friday

Report Available

5 to 9 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 Viracor Eurofins. It has not been cleared or approved by the U.S. Food and Drug Administration.

CPT Code Information

86331

LOINC® Information

| Test ID | Test Order Name | Order LOINC® Value |
|---------|-------------------------------------|--------------------|
| FPDD | Pigeon/Dove Droppings Gel Diffusion | 24505-0 |

| Result ID | Test Result Name | Result LOINC® Value |
|-----------|-------------------------------------|---------------------|
| Z5608 | Pigeon/Dove Droppings Gel Diffusion | 24505-0 |