

Provider: Sample Report
Patient:
Accession #:
Collected:

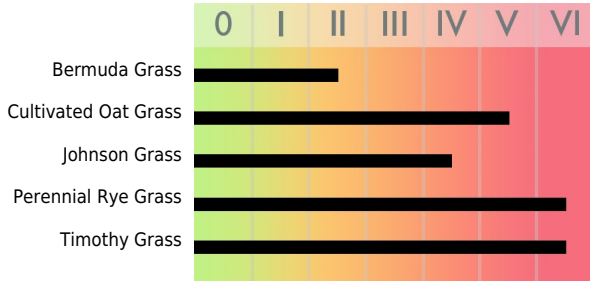
Sex:
Age:
Received:

Sample Type: Serum
Date of Birth:
Completed:

IgE [REDACTED]

CLIA #: 50D0965661
CAP accredited

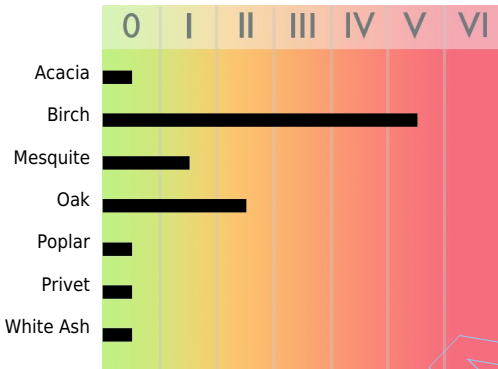
Grasses



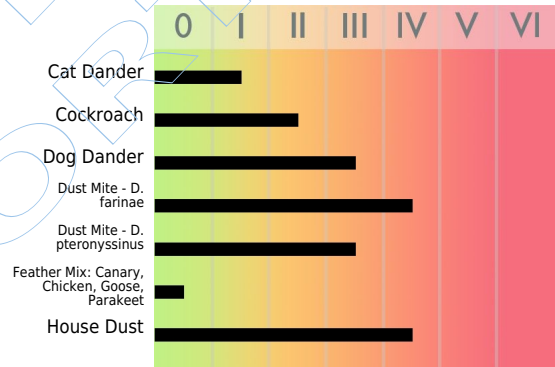
Weeds



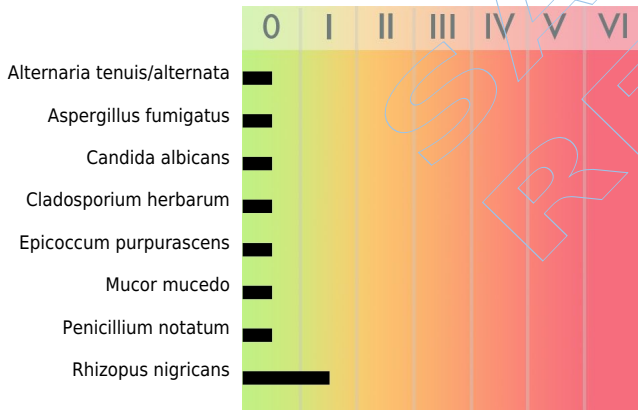
Trees



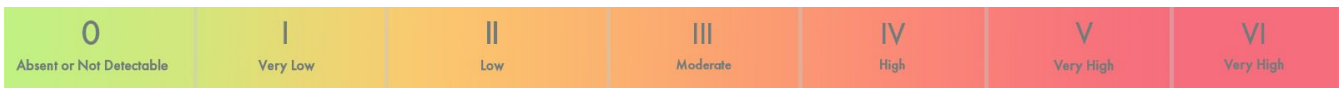
Miscellaneous



Molds



Test Method: Immunoassay (ELISA). This test was developed by EUROIMMUN (Subsidiary of Perkin Elmer). Its performance characteristics were determined by US BioTek Laboratories, LLC. This test has not been cleared or approved by the US Food and Drug Administration (FDA). IgE test results should be used in conjunction with other relevant clinical information by healthcare providers to diagnose IgE-mediated allergic disorders.



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Higher levels of IgE have been associated with increased allergic reactivity. However, higher levels of IgE may or may not present with expected symptoms of allergy if there are also higher levels of IgG4 for the same antigen. IgG4 is considered an IgE “blocking antibody”, and a rise in IgG4 levels has been associated with successful desensitization therapy in human studies. IgG4 testing may further guide clinical patient management.

Carbohydrate cross-determinants (CCDs) may confound IgE and IgG results. CCDs are glycoprotein side-chains found primarily in plants and insects, and they are strongly cross-reactive to other similar plant and insect antigens. IgE antibodies can form against CCDs but have not been documented to contribute to allergic reactions in humans. A biomarker for CCD interference has been included on this test; if the CCD marker for the class is > 0, then CCDs may be confounding results.

CCD confounding generally raises the reaction class of plant-based antigens (most/all high), while animal-based antigens react as expected (mix of lows and highs). If CCD confounding is suspected, consider ordering the Anti-CCD absorbant follow-up test, which can bind the CCDs in the serum so that clinically relevant IgE reactivity can be evaluated.

References:

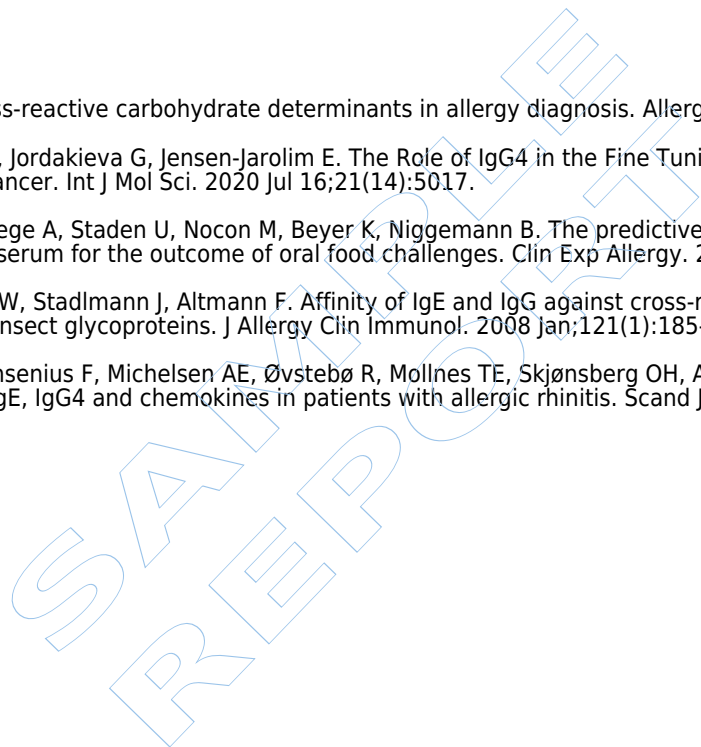
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Stylianou E, Ueland T, Borchsenius F, Michelsen AE, Øvstebø R, Mollnes TE, Skjønberg OH, Aukrust P. Specific allergen immunotherapy: effect on IgE, IgG4 and chemokines in patients with allergic rhinitis. *Scand J Clin Lab Invest.* 2016;76(2):118-27



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0	I	II	III	IV	V	VI
Absent or Not Detectable	Very Low	Low	Moderate	High	Very High	Very High