

Patient: **SAMPLE**  
**PATIENT**

DOB:

Sex:

MRN:

**1004 IgE Molds Profile - Serum**

Methodology: Chemiluminescent

**IgE Mold Antibody Results**

INHALANT	RESULT kU/L	CLASS	INDICATOR
Aspergillus fumigatus	<0.24	0/1	<input type="checkbox"/>
Alternaria tenuis (Alternaria alternata)	1.66	III	<input checked="" type="checkbox"/>
Candida albicans	0.98	II	<input checked="" type="checkbox"/>
Cladosporium herbarum	<0.24	0/1	<input type="checkbox"/>
Curvularia lunata	<0.24	0/1	<input type="checkbox"/>
Epicoccum purpurascens	<0.24	0/1	<input type="checkbox"/>
Fusarium moniliforme	<0.24	0/1	<input type="checkbox"/>
Helminthosporium halodes	<0.24	0/1	<input type="checkbox"/>
Mucor racemosus	<0.24	0/1	<input type="checkbox"/>
Penicillium notatum	<0.24	0/1	<input type="checkbox"/>
Phoma betae	0.29	I	<input checked="" type="checkbox"/>
Pityrosporum orbiculare	2.46	III	<input checked="" type="checkbox"/>
Rhizopus nigricans	<0.24	0/1	<input type="checkbox"/>
Stemphylium botryosum	<0.24	0/1	<input type="checkbox"/>
Trichoderma viride	<0.24	0/1	<input type="checkbox"/>

**Key**

Class	kU/L	Levels of Specific IgE	Indicator
0/1	<=0.24	Undetectable or Equivocal	<input type="checkbox"/>
I	0.25 - 0.39	Low	<input checked="" type="checkbox"/>
II	0.4 - 1.29	Moderate	<input checked="" type="checkbox"/>
III	1.3 - 3.89	High	<input checked="" type="checkbox"/>
IV	3.9 - 14.99	Very High	<input checked="" type="checkbox"/>
V	15 - 24.99	Very High	<input checked="" type="checkbox"/>
VI	>=25	Very High	<input checked="" type="checkbox"/>

- The performance characteristics of all assays have been verified by Genova Diagnostics, Inc. All assays are cleared by the U.S. Food and Drug Administration.
- Total IgE load may have clinical significance regardless of specific antibody levels.
- IgE levels must be used in conjunction with the clinical picture and are not intended to be independently diagnostic.

**Total IgE**

	Inside	Outside	Reference Range
Total IgE	<input type="checkbox"/>	<input checked="" type="checkbox"/> 197.0	<=87.0 IU/mL

**Lab Comments**

# Step 3:

## Ship the specimen to the lab

Specimen must be returned in the Genova Diagnostics kit box for correct delivery to the lab. Not following these instructions may result in a shipping charge.

- Plan to ship the specimen **Monday – Friday overnight delivery only**.
- Call 1.800.GoFedEx (1.800.463.3339) to schedule shipping. When the automated system asks “How may I help you?” say “Return a Package.” Tell the FedEx representative “I am using a billable stamp” and they will walk you through the process and make it easy.
- **Seal all frozen serum tubes and the absorbent pad in the biohazard bag.** Remove foam box from kit box. Place frozen freezer brick in bottom of foam box. Lay biohazard bag with specimens inside, on top of the freezer brick. Replace lid on foam box. Place rubber band around foam box to secure lid.
- **Slide foam box back inside kit box** and place your **completed and signed requisition form** on top before closing. *Do NOT staple or tape box.*
- **Print your name and address** in the section marked “From” on the prepaid shipping envelope label. *DO NOT mark or write in any other sections.*
- Put the kit box into the prepaid mailing envelope and seal the envelope.
- Keep your shipment and tracking numbers for future reference and tracking purposes.

## Antibody Assessments & Celiac Profile Clinician Instructions

IS-2859



### Check Your Kit

- A - 4 SST serum collection tubes
- B - 4 Transfer tubes
- C - 1 Pipette
- D - 1 Biohazard bag and absorbent pad
- E - 1 Freezer brick
- F - 1 Foam insulator box
- G - 1 Rubber band
- H - 1 Requisition (to be completed and signed)
- I - 1 Prepaid mailing envelope

- If any items are missing or expired, call Client Services at 800.522.4762 and press “1”.
- Keep the kit box for shipping your specimen to the lab.

# Step 1:

## Important things to know and consider

- **At least 8 hours prior to collection:** Freezer brick must be frozen a minimum of 8 hours before shipping.
- Specimens must be received in the laboratory within 24 hours of collection. To ensure the accuracy of test results, please observe the following:
  - If testing for food antibodies, it is suggested that the patient eat a variety of foods for 2-3 weeks prior to food antibody testing (**except** for foods that are known to cause severe reactions). Doing so will help to ensure the presence of antibodies to allergenic foods.
  - The following medications may impact the antibody test: Glucocorticosteroids (e.g., oral prednisone and/or steroid metered-dose inhaler), chemotherapy, immunosuppressive agents (e.g., Humira, Rituxan) and NSAIDS (e.g., Ibuprofen, Naproxen, Tylenol, Aspirin).
- Non-interfering factors to the antibody test: antibiotics, antihistamines, and antidepressants.
- Test may be inaccurate if the patient has liver damage or HIV infection.
- The following table lists minimum specimen requirements necessary to provide results.

# profiles	ml Serum	# SST tubes
1	3 ml	1 tube
2	6 ml	2 tubes
3	9 ml	3 tubes
4 or more	12 ml	4 tubes

## Schedule & Prepare for Serum Collection

- **Plan for Monday-Friday collection only:** Specimens must be received in the laboratory within 24 hours of collection.
- **Contact FedEx and schedule to ship the specimen overnight delivery** Monday - Friday. *Sample MUST be stored frozen at least 2 hours before shipping.*
- **Freeze the enclosed freezer brick** a minimum of 8 hours before shipping.
- **Samples must be frozen a minimum of 2 hours prior to shipping.** Keep samples frozen until ready to ship.
- **Complete the Requisition Form** with all patient and billing information. Be sure it is signed by the Patient/Responsible Party and the healthcare provider.

# Step 2:

## Blood Draw & Serum Preparation

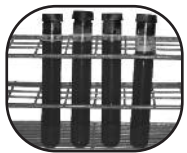
Not following these instructions may affect the test results.



- 1** Write the patient's name and the time and date of collection on each collection tube and transfer tube.



- 2** Draw blood to fill the SST tubes.



- 3** Allow the blood in the SST tubes to **clot for 15 minutes** while standing in a rack. Then centrifuge the tubes for 15 minutes at 3000 RPM.



- 4** Using the pipette, **transfer all of the serum** from all SST tubes into the transfer tubes. Screw the tops on the tubes tightly to avoid leakage. Discard the SST tubes.



- 5** Wrap the absorbent pad around the transfer tubes and put them into the biohazard bag, making sure that the bag is securely sealed; **freeze immediately.** *Samples must be frozen a minimum of 2 hours prior to shipping.* Keep samples frozen until ready to ship.



- 6** When ready to ship, make sure all the tubes in the Biohazard bag are tightly closed and are identified with completed information.