

Region XIX

Upper and Lower Respiratory Disease Allergy Profile

Puerto Rico

- Australian pine, t73
- Bahia grass, g17
- Bermuda grass, g2
- Cat dander, e1
- Cockroach, i6
- Common pigweed, w14
- Dog dander, e5
- English plantain, w9
- Eucalyptus, t18
- House dust mite (*Dermatophagoides farinae*), d2
- House dust mite (*Dermatophagoides pteronyssinus*), d1
- Mold (*Alternaria alternata*), m6
- Mold (*Aspergillus fumigatus*), m3
- Mold (*Cladosporium herbarum*), m2
- Mold (*Penicillium notatum*), m1
- Oak, t7
- Pecan, Hickory, t22
- Queen palm, t72
- Wall pellitory, w19
- Total IgE

Allergens Indicated by ImmunoCAP Codes

d=dust mites (house), e=epidermal, g=grass, i=insect, m=mold, t=tree, w=weed

ImmunoCAP Respiratory Allergy Profile

The ImmunoCAP Respiratory Allergy Profile provides an accurate and convenient method of confirming or excluding atopy in patients with allergy-like respiratory symptoms.¹ It also accurately identifies and quantifies specific allergen sensitivities in patients with confirmed allergy. Phadia offers 19 different regional Respiratory Allergy Profiles for the United States. The allergens in each profile were selected based on regional pollen data and disease prevalence, as well as for their cross-reactivity with other comparable allergens.² This cross-reactivity helps to ensure the most efficient detection of atopic sensitivities with a single profile for an individual patient in your given region.³ ImmunoCAP testing employs specific IgE levels calibrated to detect more than 95% of patients with allergy.⁴⁻⁶

CPT CODES: 86003 x 19 Specific IgE
82785 x 1 Total IgE

References

1. Fromer LM. Clinical rationale for obtaining a precise diagnosis. *J Fam Pract.* 2004;Suppl:S4-S14.
2. Yman L. *Botanical Relations and Immunological Cross-reactions in Pollen Allergy.* 2nd ed. Uppsala, Sweden: Pharmacia Diagnostics AB; 1982;2:9-10.
3. Nalebuff DJ. Use of RAST screening in clinical allergy: a cost-effective approach to patient care. *Ear Nose Throat J.* 1985;64:107-121.
4. Sampson HA, Ho DG. Relationship between food-specific IgE concentrations and the risk of positive food challenges in children and adolescents. *J Allergy Clin Immunol.* 1997;100:444-451.
5. Yunginger JW, Ahlstedt S, Eggleston PA, et al. Quantitative IgE antibody assays in allergic diseases. *J Allergy Clin Immunol.* 2000;105:1077-1084.
6. Poon AW, Goodman CS, Rubin RJ. In vitro and skin testing for allergy: comparable clinical utility and costs. *Am J Manag Care.* 1998;4:969-985.