Test Information

Allergen Testing Guidelines

These guidelines are to replace previous Allergy Test Request form. Tests may be requested tests using a SA Pathology A5 Request or Medical Director form.

The following guidelines may help with judicious allergy testing.

Please note that the term ‘specific IgE’ (sIgE) replaces “RAST”, an outdated term.

Medical Benefits Schedule restrictions

- The MBS restricts sIgE requests to 4 patient episodes per year
- Furthermore, in almost all cases, a maximum of 4 sIgE requests will be tested per episode

Ordering Specific IgE levels for allergens

- In all cases, ordering of sIgE levels must be guided by clinical history
- Please provide detailed clinical information on all request forms, to assist in the interpretation of results

Food Mix Screens

- Please note that all food mixes (‘staple food mix’ and ‘nut mix’) are no longer routinely performed (this is due to poor sensitivity and specificity of these tests)

Assistance with Individual Patient Queries

- Consider discussion of individual patients with a clinical immunologist/allergist or immunopathologist to assist with requesting appropriate investigations
- For any queries or further information please contact SA Pathology Enquiries 08 8222 3000 and ask for the Immunopathology Registrar.

Inhalant Allergy Screen

Specific IgE testing to the following may be considered in the investigation of patients with allergic rhinitis and/or asthma:

Predominant perennial symptoms

- house dust mite
- animal dander screen / cat dander
- mould spore screen / alternaria mould spores
- cockroach (NT/QLD)

Predominant seasonal symptoms

- grass pollen screen / rye grass pollen
- alternaria mould spores
- tree pollen screen / olive tree pollen
- weed pollen screen / plaintain pollen

If the grass pollen screen is strongly positive (>3U/L), and immunotherapy is being considered, repeat collection and testing for sIgE to individual grass pollens is recommended:

- Ryegrass
- Couch grass
- Bahia grass

If the animal dander screen is strongly positive (>3U/L), repeat collection and testing for sIgE to individual animal danders is recommended, if clinically indicated:

- Cat
- Dog
- Horse
**Allergen Testing Guidelines**

**Eczema in infancy/young children**
Specific IgE testing to the following may be considered in the investigation of infants with moderate to severe eczema, who have failed conservative treatment with emollients and topical corticosteroids, or where there is a clinical history suggesting exacerbation of the eczema with exposure to the following allergens:

- House dust mite
- Egg white
- Milk
- Wheat
- Soy
- Peanut

*Please note* that CAUTION should be exercised when removing previously tolerated foods from the diets of young infants and children, due to nutritional risks, and the risk of aggravated reaction on re-introduction.

**Urticaria lasting several days – 2 weeks**
Allergy testing is usually not indicated. The most common cause for this symptom is a recent viral infection.

**Chronic urticaria/angioedema (>6 weeks)**
Allergy testing is usually not indicated.

**Acute urticaria /angioedema/anaphylaxis**

- Consider requesting sIgE levels to potential allergens ingested within one hour of onset of symptoms of an allergic reaction
- Performing a serum tryptase level may be useful
  - An *initial* sample can be collected *during or shortly* after an allergic reaction
  - A *second* (baseline) tryptase level should then be collected after several days of convalescence following from the allergic reaction

*Please note* that serum tryptase level may not be elevated following anaphylaxis to a food protein

**Likely peanut allergy**
If there is a clinical history suggestive of peanut allergy, consider requesting:

- Peanut sIgE
- Consider other possibly related or cross-reactive allergens: Tree nuts, Soy, Sesame seed.

**Useful specific allergen tests**

**Venoms:** Useful only for systemic reactions to venoms:

- Bee venom
- Jumper/hopper ant venom
- Paper wasp venom
- Vespula (European) wasp venom

**Medical agents:** Ordering sIgE levels for these agents should be guided by a history of exposure immediately prior to the allergic reaction:

- Latex
- Chlorhexidine
- Penicillin
- Amoxicillin
- Cefaclor