



Keeping your patients healthy is important to you. We can help.

A wide variety of patients present with **congestion**, **itchy**, **watery eyes**, **coughing**, **wheezing**, or **other atopic symptoms**, resulting in reduced quality of life and trial and error with multiple medications to get relief. Along with history and physical exam, **Thermo Scientific™ ImmunoCAP™ Specific IgE blood testing**, available through most clinical laboratories, is an aid in the diagnosis of IgE-mediated allergic disorders.¹

Can identifying allergic triggers change patient management?



Nearly 65% of patients diagnosed with allergic rhinitis and prescribed antihistamines have symptoms that are not due to allergy.²

Save time and eliminate guesswork in prescribing medication with the help of ImmunoCAP Specific IgE blood testing.

ImmunoCAP Specific IgE blood testing is:



Supported by more than 4,000 peer-reviewed publications



An FDA-cleared quantitative measure of specific IgE¹



Comparable to skin prick testing^{8,9}

*data on file

Specific IgE blood testing can be considered for patients with a history of:

- asthma¹⁰
- recurrent or chronic rhinitis¹¹
- seasonal or perennial allergy-like symptoms³
- recurrent otitis media¹²
- atopic dermatitis¹³



status3-5

Can be performed irrespective to

age, skin condition, antihistamine

use, symptoms, or pregnancy



Reliable

Accurately identifies specific allergen sensitization in patients with confirmed allergy^{6,7}



Precise

FDA-cleared quantitative detection of specific IgE antibodies, even at low levels¹⁴

Find out more at allergyaidiagnostics.com





Ordering is Easy

Order ImmunoCAP Specific IgE blood testing from major or local laboratories through a paper requisition or your EMR system. Primary care providers and specialists can easily order this testing. **Test codes are available through your EMR system or lab provider.**

Clinical interpretation of respiratory test results

ImmunoCAP Specific IgE test results report the amount of IgE for each allergen tested.

Most respiratory-specific IgE blood testing profiles are targeted to their geographic area, including regionally specific allergens for:



trees



weeds



grasses

As well as common perennial allergens, such as:



dust mites



dog dander



mold



cockroach



mouse urine

References

1. Phadia™ ImmunoCAP™ Specific IgE Conjugate 400 Directions for Use for the Phadia 250 Laboratory System. Published 2018-06-05. 2. Szeinbach SL, et al. Identification of allergic disease among users of antihistamines. J Manag Care Pharm. 2004;10(3):234-238. 3. Siles RI, Hsieh FH. Allergy blood testing: A practical guide for clinicians. Cleve Clin J Med. 2011;78(9):585-592. 4. Bonnelykke K, et al. Sensitization does not develop in utero. J Allergy Clin Immunol. 2008;121(3):646-651. 5. Bacharier LB, et al. Diagnosis and treatment of asthma in childhood: a PRACTALL consensus report. Allergy. 2008;63(1):5-34 6. Wang J, Godbold JH, Sampson HA. *J Allergy Clin Immunol.* 2008 May;121(5):1219-24. doi: 10.1016/j.jaci.2007.12.1150. Epub 2008 Feb 19. 7. Wood RA, Segall N, Ahlstedt S, Williams PB. Ann Allergy Asthma Immunol. 2007 Jul;99(1):34-41. 8. Hamilton RG. Laboratory Diagnosis of Human Allergic Disease. In: Leung DYM, Szefler S, ed. Pediatric Allergy: Principles and Practice. 3rd ed. China: Elsevier, Inc; 2016:167-176 e 1. 9. Cox L, Williams B, Sicherer S, et al. Pearls and pitfalls of allergy diagnostic testing: report from the American College of Allergy, Asthma and Immunology/American Academy of Allergy, Asthma and Immunology Specific IgE Test Task Force. Ann Allergy Asthma Immunol. 2008 Dec;101(6):580-92. 10. National Heart, Lung, and Blood Institute. National Asthma Education and Prevention Program. Expert Panel Report 3: Guidelines for the Diagnosis and Management of Asthma; 2007 Aug 28. 11. Seidman MD, Gurgel RK, Lin SY, et al. Clinical practice guideline: allergic rhinitis. Otolaryngol Head and Neck Surgery 2015; Vol. 152(1S) S1-S43. 12. Tomonaga K, Kurono Y, Mogi G. The role of nasal allergy in otitis media with effusion. A clinical study. Acta Otolaryngol Suppl. 1988;458:41-7. 13. Bantz SK, Zhu Z, Zheng T. The atopic march: progression from atopic dermatitis to allergic rhinitis and asthma. J Clin Cell Immunol. 2014;5(2):202. 14. Johansson SG. Expert Rev Mol Diag. 4(3). 2004:273-279. 15. Papadopoulos, et al. Allergy. 2015; 70; 474-494

Sample Respiratory Clinical Pathway

Patient Presentation

Nasal congestion, rhinorrhea, sneezing, itchy nose/eyes, coughing, wheezing, chest tightness, shortness of breath

Clinical Evaluation

History and physical exam

Order specific IgE blood tests to help determine allergen sensitization



- Rank positive results from highest to lowest specific IgE sensitizations
- Provide an allergen avoidance plan to keep patient below their symptom threshold
 - Consider reducing exposure to allergens with the highest specific IgE levels first
 - Focus on indoor allergens since these may be easier to control
- Prescribe appropriate medications e.g. antihistamines¹⁵
- Follow up. If inadequate response, refer to specialist¹⁵

