

Overview

Method Name

Immunoassay

NY State Available

Yes

Specimen

Specimen Type

Serum

Specimen Required

Specimen Type: Serum

Container/Tube: Red or SST

Submission Container/Tube: Plastic vial

Specimen Volume: 0.5 mL

Collection Instructions:

1. Draw blood in a plain red-top tube(s), serum gel tube(s) is acceptable.
2. Centrifuge and send 0.5 mL serum refrigerated in a plastic vial.

Specimen Minimum Volume

0.5 mL

Reject Due To

Gross Hemolysis	Mild OK; Gross Reject
Gross Lipemia	Mild OK; Gross Reject
Other reason for rejection	CSF

Specimen Stability Information

Specimen Type	Temperature	Time	Special Container
Serum	Refrigerated (preferred)	14 days	
	Ambient	7 days	
	Frozen	30 days	

Clinical & Interpretive

Reference Values

Reference Range: <2.50 index

Interpretive Criteria:

- <2.50Negative
- >=2.50Positive

This assay detects Filaria IgG4 associated with infections caused by the major filarial parasites, including *Dirofilaria immitis*, *Wuchereria bancrofti*, *Brugia malayi*, and *Onchocerca volvulus*. Chronic filarial infections manifesting as elephantiasis may not show a significant IgG4 response and cannot be ruled out using this test. Samples containing antibodies to other nematodes, particularly *Strongyloides*, may cross-react in the assay.

Performance

PDF Report

No

Day(s) Performed

Wednesday

Report Available

6 to 20 days

Specimen Retention Time

6 weeks

Performing Laboratory Location

Quest Diagnostics

Fees & Codes

Fees

- Authorized users can sign in to [Test Prices](#) for detailed fee information.
- Clients without access to Test Prices can contact [Customer Service](#) 24 hours a day, seven days a week.
- Prospective clients should contact their account representative. For assistance, contact [Customer Service](#).

Test Classification

This test was developed and its analytical performance characteristics have been determined by Quest Diagnostics. It has not been cleared or approved by the U.S. Food and Drug Administration. This assay has been validated pursuant to the CLIA regulations and is used for clinical purposes.

CPT Code Information

86682

LOINC® Information

Test ID	Test Order Name	Order LOINC® Value
FFAG4	Filaria Antibody (IgG4)	14208-3

Result ID	Test Result Name	Result LOINC® Value
FFAG4	Filaria Antibody (IgG4)	14208-3