

PEDIATRIC ALLERGY

Helping you provide better patient care



Asthma and Pediatric Allergy

Clinical studies have shown that young children who develop atopic dermatitis^{1,2} or allergic rhinitis^{1,3,4} have an increased tendency to develop asthma as they grow older. Through a comprehensive allergy test portfolio, LabCorp can assist in providing better care for the youngest patients.

LabCorp's quantitative allergen-specific IgE tests can be useful in assessing the potential that an atopic disposition might play in fostering chronic sinusitis or dermatitis and potentially asthma. Accurate diagnosis of allergen sensitivity can allow the clinician to develop an optimal therapeutic approach at an early age.

The progressive development of increasingly debilitating allergic disease as an atopic child grows into adulthood has been referred to by some researchers as the "allergy march."^{2,3,4} Early intervention may help improve the child's symptoms and may reduce the chances of developing asthma in the future.¹⁻⁴

To assist in diagnosing allergen sensitivity in young children, LabCorp now offers the ImmunoCAP® Childhood Allergy Profile.

References

1. American Academy of Allergy, Asthma and Immunology. *The Allergy Report*. Milwaukee, Wis: AAAAI; 2000.
2. Allergic factors associated with the development of asthma and the influence of cetirizine in a double-blind, randomised, placebo-controlled trial: First results of ETAC. *Early Treatment of the Atopic Child. Pediatr Allergy Immunol.* 1998 Aug; 9(3):116-124.
3. Bousquet J, Van Cauwenberge P, Khaltaev N. World Health Organization. Allergic rhinitis and its impact on asthma. ARIA Workshop Report. In collaboration with the World Health Organization. 7-10 December 1999, Geneva, Switzerland. *J Allergy Clin Immunol.* 2001; 108(5 Suppl):S147-334.
4. Zheng T, Yu J, Oh MH, Zhu Z. The Atopic March: Progression from Atopic Dermatitis to Allergic Rhinitis and Asthma. *Allergy Asthma Immunol Res.* 2011 April;3(2):67-73.

Visit www.LabCorp.com/allergy for more information regarding our comprehensive allergy testing program or contact allergy customer service at **888-200-5439, ext. 63483.**

604771 Allergen Profile, IgE (Pediatric) With Component Reflexes*

Method: Quantitative allergen-specific IgE test

Specimen Requirement: 4 mL serum (room temperature)

Food	Food	Food	Mold	Animal/Dust
Almond	Macadamia Nut	Sesame Seed	<i>Cladosporium herbarum</i>	Cat Dander
Brazil Nut	Milk	Shrimp		Cockroach, German
Cashew Nut	Peanut (Whole)	Soybean		<i>D farinae</i>
Codfish	Pecan	Walnut		<i>D pteronyssinus</i>
Egg White	Pistachio	Wheat		Dog Dander
Hazelnut (Filbert)	Scallop			Mouse Urine

If milk IgE \geq 0.35 kU/L, reflex tests α -lactalbumin, β -lactoglobulin, and casein will be added.

If egg white IgE \geq 0.35 kU/L, reflex tests ovalbumin and ovomucoid will be added.

If IgE to Brazil nut, cashew nut, hazelnut (filbert), peanut (whole), and/or walnut is 0.10 kU/L, reflex testing will be completed as follows:

Brazil nut: Ber e 1 / cashew nut: Ana o 3 / hazelnut (filbert): Cor a 1, Cor a 8, Cor a 9, and Cor a 14 / peanut (whole): Ara h 1, Ara h 2, Ara h 3, Ara h 6, Ara h 8, and Ara h 9 / walnut: Jug r 1 and Jug r 3



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*If reflex testing is performed, additional charges/CPT code(s) may apply.