Screen for secondary causes of eosinophilia (common causes are asthma, allergy, drug reaction, infection, neoplasms)*
Screen also for *Strongyloides* infection with serologic testing, especially if glucocorticoid treatment may be indicated
For organ-specific signs or symptoms (e.g., skin or esophageal), consider tissue biopsy

**INDICATIONS FOR TESTING**
Peripheral blood eosinophilia/hypereosinophilia uncovered incidentally during medical evaluation or workup for specific symptoms
- Eosinophilia, 500-1,500 cells/µL
- Hypereosinophilia, >1,500 cells/µL

**ARUP Tests**
- Eosinophilia Panel by FISH (probes include *PDGFRA*, *PDGFRB*, *FGFR1*, and *CBFB*)
- Leukemia/Lymphoma Phenotyping Evaluation by Flow Cytometry
- *Strongyloides* Antibody, IgG by ELISA, Serum
- Eosinophil Granule Major Basic Protein, Tissue

<sup>a</sup>Eosinophilia from any cause can be associated with thromboembolic phenomena and cardiac disease as detected by, for example, splinter hemorrhages, nail fold infarcts, and/or cardiac murmur of mitral insufficiency.

<sup>b</sup>Eosinophilia/hypereosinophilia of undetermined significance (also called benign eosinophilia or idiopathic hypereosinophilia). Cause may be detected or patient may continue to have benign eosinophilia (or be deemed to have familial eosinophilia, a rare subset of eosinophilia/hypereosinophilia of undetermined significance).