

Reporting Title: Guar Gum, IgE
Performing Location: Rochester

Ordering Guidance:
For a listing of allergens available for testing, see [Allergens - Immunoglobulin E \(IgE\) Antibodies](#)

Specimen Requirements:
Collection Container/Tube:
Preferred: Serum gel
Acceptable: Red top
Submission Container/Tube: Plastic vial
Specimen Volume: 0.5 mL for every 5 allergens requested
Collection Instructions: Centrifuge and aliquot serum into a plastic vial.

Forms:
[If not ordering electronically, complete, print, and send an Allergen Test Request](#) (T236) with the specimen.

Specimen Type	Temperature	Time	Special Container
Serum	Refrigerated (preferred)	14 days	
	Frozen	90 days	

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
GGUM	Guar Gum, IgE	Numeric	kU/L	10933-0

LOINC® and CPT codes are provided by the performing laboratory.

Supplemental Report:
No

CPT Code Information:
86003

Reference Values:

Class	IgE kU/L	Interpretation
0	<0.10	Negative
0/1	0.10-0.34	Borderline/equivocal
1	0.35-0.69	Equivocal
2	0.70-3.49	Positive
3	3.50-17.4	Positive
4	17.5-49.9	Strongly positive
5	50.0-99.9	Strongly positive

6	> or =100	Strongly positive
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Reference values apply to all ages.