

**Reporting Title:** Johnson Grass, 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® |
|-----------|--------------------|---------|------|--------|
| JOHN      | Johnson Grass, IgE | Numeric | kU/L | 6152-3 |

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 |
|---|-----------|-------------------|

Reference values apply to all ages.