

Reporting Title: Pediatric Allergy Scrn <3 Yrs, S

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®
DF	House Dust Mites/D.F., IgE	Numeric	kU/L	6095-4
EGG	Egg White, IgE	Numeric	kU/L	6106-9
MILK	Milk, IgE	Numeric	kU/L	6174-7
SOY	Soybean, IgE	Numeric	kU/L	6248-9
WHT	Wheat, IgE	Numeric	kU/L	6276-0

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

Supplemental Report:

No

Components:

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
EGG	Egg White, IgE	1	86003	Yes	Yes
MILK	Milk, IgE	1	86003	Yes	Yes
WHT	Wheat, IgE	1	86003	Yes	Yes
SOY	Soybean, IgE	1	86003	Yes	Yes
DF	House Dust Mites/D.F., IgE	1	86003	Yes	Yes

CPT Code Information:

86003 x 5

Reference Values:

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Reference values apply to all ages.