

Reporting Title: Pediatric Allergy Scrn >8 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: 0.7 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®
ALTN	Alternaria Tenuis, IgE	Numeric	kU/L	6020-2
CAT	Cat Epithelium, IgE	Numeric	kU/L	6833-8
DF	House Dust Mites/D.F., IgE	Numeric	kU/L	6095-4
SRW	Short Ragweed, IgE	Numeric	kU/L	6085-5
TIMG	Timothy Grass, IgE	Numeric	kU/L	6265-3

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
DF	House Dust Mites/D.F., IgE	1	86003	Yes	Yes
SRW	Short Ragweed, IgE	1	86003	Yes	Yes
TIMG	Timothy Grass, IgE	1	86003	Yes	Yes
CAT	Cat Epithelium, IgE	1	86003	Yes	Yes
ALTN	Alternaria Tenuis, IgE	1	86003	Yes	Yes

CPT Code Information:

86003 x 5

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.