

Reporting Title: Egg Comprehensive Profile, 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: 1 mL; if needed, 0.5 mL for every 5 additional allergens requested

Collection Instructions: Centrifuge and aliquot serum into a plastic vial.

Specimen Minimum Volume:

0.5 mL

For 1 allergen: 0.3 mL

For more than 1 allergen: (0.05 mL x number of allergens) + 0.25 mL deadspace

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®
WEGG	Whole Egg, IgE Also used by tests: WEGG	Numeric	kU/L	7291-8
EGG	Egg White, IgE Also used by tests: EGG	Numeric	kU/L	6106-9

Result ID	Reporting Name	Type	Unit	LOINC®
YOLK	Egg Yolk, IgE Also used by tests: YOLK	Numeric	kU/L	6107-7
OVAL	Ovalbumin, IgE Also used by tests: OVAL	Numeric	kU/L	7556-4
OVMU	Ovomucoid, IgE Also used by tests: OVMU	Numeric	kU/L	7557-2

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

Components:

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
WEGG	Whole Egg, IgE			Yes	Yes
EGG	Egg White, IgE			Yes	Yes
YOLK	Egg Yolk, IgE			Yes	Yes
OVAL	Ovalbumin, IgE			Yes	Yes
OVMU	Ovomucoid, IgE			Yes	Yes

CPT Code Information:

86003 x 3

86008 x 2

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.