

Reporting Title: IgE Receptor Antibody**Performing Location:** National Jewish Health**Specimen Requirements:**

Container/Tube:

Preferred: Red top tube

Acceptable: Serum gel tube

Specimen Volume: 1.0 mL

Collection Instructions: Draw blood in a plain, red-top tube(s) or serum gel tube(s). Separate serum from cells immediately by centrifugation and aliquot in a polypropylene or similar plastic tube. Send 1 mL of serum frozen in plastic vial.

Specimen Minimum Volume:

0.5 mL

| Specimen Type | Temperature | Time | Special Container |
|---------------|--------------------|----------|-------------------|
| Serum | Frozen (preferred) | 365 days | |
| | Refrigerated | 7 days | |
| | Ambient | 48 hours | |

Result Codes:

| Result ID | Reporting Name | Type | Unit | LOINC® |
|-----------|-------------------------------|--------------|------|--------------|
| Z5810 | CD203c (Percent of Basophils) | Alphanumeric | | Not Provided |
| Z5811 | Interpretation: | Alphanumeric | | Not Provided |

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

88184

88185 x 2

Reference Values:

0-12