

**Reporting Title:** Basil, 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.

**Specimen Minimum Volume:**

For 1 allergen: 0.3 mL

More than 1 allergen: (0.05 mL x number of allergens) + 0.25 mL dead space

**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® |
|-----------|----------------|---------|------|--------|
| BASL      | Basil, IgE     | Numeric | kU/L | 7118-3 |

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.