

Reporting Title: Ovomucoid, 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

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®
OVMU	Ovomucoid, IgE	Numeric	kU/L	7557-2

LOINC and CPT codes are provided by the performing laboratory.

Supplemental Report:

No

CPT Code Information:

86008

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.