
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.

Specimen Minimum Volume:

For 1 allergen: 0.5 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®
DF	House Dust Mites/D.F., IgE Also used by tests: DF	Numeric	kU/L	6095-4
SRW	Short Ragweed, IgE Also used by tests: SRW	Numeric	kU/L	6085-5
TIMG	Timothy Grass, IgE Also used by tests: TIMG	Numeric	kU/L	6265-3

Result ID	Reporting Name	Type	Unit	LOINC®
CAT	Cat Epithelium, IgE Also used by tests: CAT	Numeric	kU/L	6833-8
ALTN	Alternaria Tenuis, IgE Also used by tests: ALTN	Numeric	kU/L	6020-2

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