Reporting Title: Gelatin, 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®
GELA	Gelatin, IgE	Numeric	kU/L	7332-0

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.