

Reporting Title: Horn Beam, IgE**Performing Location:** Rochester**Ordering Guidance:**[For a listing of allergens available for testing, see Allergens - Immunoglobulin E \(IgE\) Antibodies](#) in Special Instructions.**Specimen Requirements:****Container/Tube:****Preferred:** Red top**Acceptable:** Serum gel**Specimen Volume:** 0.5 mL for every 5 allergens requested**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
HBEA	Horn Beam, IgE	Numeric	kU/L	7416-1

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	<0.35	Negative
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.