

**Reporting Title:** Horsefly/Stablefly, 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
HFSF	Horsefly/Stablefly, IgE	Numeric	kU/L	6144-0

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	<0.35	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.