
Reporting Title: Cocklebur, 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	

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.