

**Reporting Title:** House Dust/H-S Lab, 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  |
|-----------|-------------------------|---------|------|--------|
| HDHS      | House Dust/H-S Lab, IgE | Numeric | kU/L | 7425-2 |

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.