

**Reporting Title:** House Dust Mites/D.F., 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
DF	House Dust Mites/D.F., IgE	Numeric	kU/L	6095-4

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.