

Reporting Title: Lentil, IgE  
Performing Location: Rochester

Ordering Guidance:  
For a listing of allergens available for testing, see [Allergens - Immunoglobulin E \(IgE\) Antibodies](#).

Specimen Requirements:  
Collection Container/Tube:  
Preferred: Serum gel  
Acceptable: Red top  
Submission Container/Tube: Plastic vial  
Specimen Volume: 0.5 mL for every 5 allergens requested  
Collection Instructions: Centrifuge and aliquot serum into a plastic vial.

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® |
|-----------|----------------|---------|------|--------|
| LEN       | Lentil, IgE    | Numeric | kU/L | 7458-3 |

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     | <0.10     | Negative             |
| 0/1   | 0.10-0.34 | Borderline/equivocal |
| 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.

Concentrations of 0.70 kU/L or more (class 2 and above) will flag as abnormally high.