

Reporting Title: Bermuda Grass, IgE**Performing Location:** Mayo Clinic Laboratories - Rochester Superior Drive**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®
BERG	Bermuda Grass, IgE	Numeric	kU/L	6041-8

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
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Reference values apply to all ages.

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