



# Test Definition: PAS3

Pediatric Allergy Screen <3 Years, Serum

**Reporting Title:** Pediatric Allergy Scrn <3 Yrs, S

**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:**

**Supplies:** Sarstedt Aliquot Tube, 5 mL (T914)

**Collection Container/Tube:**

**Preferred:** Serum gel

**Acceptable:** Red top

**Submission Container/Tube:** Plastic vial

**Specimen Volume:** 0.5 mL

**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®
DF	House Dust Mites/D.F., IgE	Numeric	kU/L	6095-4
EGG	Egg White, IgE	Numeric	kU/L	6106-9
MILK	Milk, IgE	Numeric	kU/L	6174-7
SOY	Soybean, IgE	Numeric	kU/L	6248-9
WHT	Wheat, IgE	Numeric	kU/L	6276-0

LOINC® and CPT codes are provided by the performing laboratory.

**Supplemental Report:**

No

**Components:**

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
EGG	Egg White, IgE	1	86003	Yes	Yes
MILK	Milk, IgE	1	86003	Yes	Yes
WHT	Wheat, IgE	1	86003	Yes	Yes
SOY	Soybean, IgE	1	86003	Yes	Yes

DF	House Dust Mites/D.F., IgE	1	86003	Yes	Yes
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**CPT Code Information:**

86003 x 5

**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

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

Reference values apply to all ages.