LAB21131 North East Region Panel 1

Fox

Specimen Type
Serum

Preferred Container
Red Top Tube

Alternate Container
Serum Gel

Minimum Volume
For 1 Allergen 0.3 mL
For more than one Allergen: (0.05 x Number of Allergens) + 0.25mL Dead Space

Transportation Needs
Refrigerated

Reporting Name
NE Regional Profile 1

Profile Information

LIS Code	Reporting Name	Available Separately	Always Performed
LAB1680	Oak, IgE	Yes	Yes
LAB1652	Timothy Grass, IgE	Yes	Yes
LAB603	June Grass, IgE	Yes	Yes
LAB1661	Short Ragweed, IgE	Yes	Yes
LAB1657	Lambs Quarter, IgE	Yes	Yes
LAB593	Cat Epithelium, IgE	Yes	Yes
LAB591	Dog Dander, IgE	Yes	Yes
LAB606	Cladosporium, IgE	Yes	Yes
LAB599	Alternaria Tenuis, IgE	Yes	Yes
LAB595	House Dust Mites/D.F., IgE	Yes	Yes
LAB1634	Box Eld/Maple, S, IgE	Yes	Yes
LAB601	Silver Birch, IgE	Yes	Yes
LAB1632	White Ash, IgE	Yes	Yes
LAB598	Aspergillus Fumigatus, IgE	Yes	Yes
LAB639	English Plantain, IgE	Yes	Yes
LAB597	House Dust Mites/D.P., IgE	Yes	Yes

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

Transport Temperature
Refrigerated

Reject Due To
Gross Hemolysis: OK
Gross Lipemia: OK

Methodology
Fluorescence Enzyme Immunoassay (FEIA)

CPT Codes
86003 x 16