HOTLINE: Effective May 28, 2019

**New Test** Available Now **0055422 Allergen, Drugs, Ampicillin AMPICIL**

**Methodology:** Quantitative ImmunoCAP Fluorescent Enzyme Immunoassay
**Performed:** Sun-Sat
**Reported:** 1-2 days

**Specimen Required:** Patient Prep: Multiple patient encounters should be avoided.
Collect: Serum Separator Tube (SST). Multiple specimen tubes should be avoided.
Specimen Preparation: Separate from cells ASAP or within 2 hours of collection. Transfer 0.25 mL serum **plus** 0.1 mL for each additional allergen ordered to an ARUP Standard Transport Tube. (Min: 0.25 mL **plus** 0.04 mL for each allergen ordered)
Storage/Transport Temperature: Refrigerated.
Unacceptable Conditions: Hemolyzed, icteric, or lipemic specimens.
Stability (collection to initiation of testing): After separation from cells: Ambient: 48 hours; Refrigerated: 2 weeks; Frozen: 1 year

**Reference Interval:**

| Reporting Range (reported in kU/L) | Probability of IgE Mediated Clinical Reaction | Class Scoring |
|---|---|---|
| Less than 0.10 | No significant level detected | 0 |
| 0.10 - 0.34 | Clinical relevance undetermined | 0/1 |
| 0.35 - 0.70 | Low | 1 |
| 0.71 - 3.50 | Moderate | 2 |
| 3.51 - 17.50 | High | 3 |
| 17.51 - 50.00 | Very high | 4 |
| 50.01 - 100.00 | Very high | 5 |
| Greater than 100.00 | Very high | 6 |

**Interpretive Data:** Allergen results of 0.10-0.34 kU/L are intended for specialist use as the clinical relevance is undetermined. Even though increasing ranges are reflective of increasing concentrations of allergen-specific IgE, these concentrations may not correlate with the degree of clinical response or skin testing results when challenged with a specific allergen. The correlation of allergy laboratory results with clinical history and in vivo reactivity to specific allergens is essential. A negative test may not rule out clinical allergy or even anaphylaxis**.**

**CPT Code(s):** 86003

New York DOH Approved.

**HOTLINE NOTE:** Refer to the Test Mix Addendum for interface build information.