

Bermuda Grass, IgE

Order Name: **BERG**
Revision Date: 12/17/2019

TEST NAME		METHODOLOGY		LOINC CODE
Bermuda Grass, IgE				
SPECIMEN REQUIREMENTS				
Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Preferred	0.5 mL (0.3 mL)	Serum	Serum Gel Tube	Refrigerated
Instructions	Label specimen with Mobilab label or with patient name (first and last), date of birth, date and time of collection, collector initials, and test(s) being ordered.			
Reference Range	An interpretive report will be provided.			
Methodology	Fluorescence Enzyme Immunoassay (FEIA)			

GENERAL INFORMATION	
Testing Schedule	Monday through Friday; 9 a.m. -8 p.m., Saturday; 8 a.m. -3 p.m.
Expected TAT	1-3 Days
Notes	Specimen Stability: Refrigerated (preferred) - 14 Days Frozen - 90 Days
CPT Code(s)	86003
Lab Section	NRLS-Mayo Medical Laboratories