Lab Dept: Chemistry

Test Name: CASHEW IGE, REFLEX TO CASHEW COMPONENT

General Information

Lab Order Codes:	CASHR: Cashew, Total with reflex to Cashew Component (rANA o 3). CCA3: Cashew Component only (rANA o 3). An Add-to test code to use when total Cashew result is >=0.1 kUA/L. (Cashew Allergen IgE total should have been tested with in the previous 28 days and the sample available in the lab). Reflex testing is performed by Mayo Clinic Laboratories.
Synonyms:	Allergy testing; Specific IgE, Cashew, Component
CPT Codes:	86003 x1– Allergen specific IgE for to total Cashew **Reflex or Component only order:** 86008 x1 –(Cashew Component Allergen IgE, at an additional charge)
Test Includes:	Includes total Cashew and rANA o 3 Cashew Component when appropriate.

Logistics

Test indications:	Detect allergen specific-IgE
Lab Testing Sections:	Chemistry
Phone Numbers:	MIN Lab: 612-813-6280 STP Lab: 651-220-6550
Test Availability:	Daily, 24 hours
Turnaround Time:	1 – 2 days, performed Monday - Friday
Special Instructions:	N/A

Specimen

Specimen Type:	Blood
Container:	Red, marble or gold top tube
Draw Volume:	4.5 mL (Minimum: 3 mL) blood

Processed Volume: 1.5 mL (Minimum: 1 mL) serum

Collection: Routine blood collection

Special Processing: Lab Staff: Centrifuge specimen, remove serum aliquot into plastic tube. Store at refrigerated temperatures for up to 1 week.

Patient Preparation: None

Sample Rejection: Mislabeled or unlabeled specimens

Interpretive

Reference Range:

Total Cashew IgE and Cashew Components Ranges:	
kUA/L:	**Interpretation:**
<0.1	*Absent
0.1 – 0.34	Equivocal/Low
0.35 – 0.69	Low
0.70 – 3.49	Medium
3.50 – 17.49	High
17.50 – 49.99	Very High
50.00 – 100.00	Very High
>100.00	Very High
*If Total Cashew is <0.1 kUA/L, Cashew component testing is not indicated.	

Critical Values: N/A

Limitations: Testing for IgE antibodies is not useful in patients previously treated with immunotherapy to determine if residual clinical sensitivity exists, or in patients in whom the medical management does not depend upon identification of allergen specificity.

Some individuals with clinically insignificant sensitivity to allergens may have measurable levels of IgE antibodies in serum, and results must be interpreted in the clinical context.

False-positive results for IgE antibodies may occur in patients with markedly elevated serum IgE (>2500 kU/L) due to nonspecific binding to allergen solid phases.

Methodology: ImmunoCAP FEIA

References: CH 6.06 Allergens (Specific IgE)

Mayo Clinic Laboratories (February 2021)