
Lab Dept: Chemistry

Test Name: WALNUT IGE, REFLEX TO WALNUT COMPONENT
RJUG R 1

General Information

Lab Order Codes: WALN1: Walnut, Total with reflex to Walnut Component (rJug r 1)

FWCR1: Walnut Component only (rJug r 1). An Add-to test code to use when total Walnut result is ≥ 0.1 kUA/L. (Walnut Allergen IgE total should have been tested with in the previous 28 days and the sample available in the lab). Component testing is performed by Mayo Clinic Laboratories.

Synonyms: Allergy testing; Specific IgE, Walnut, Component

CPT Codes: 86003 x1 – Allergen specific IgE for total Walnut

Reflex or Component only order:
86008 x1 – (Walnut Component (rJug r 1) allergen IgE, at an additional charge)

Test Includes: Includes total Walnut and rJug r 1 Walnut 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 Walnut IgE and Walnut 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 Walnut is <0.1 kUA/L, Walnut 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)