Lab Dept: Chemistry

Test Name: HAZELNUT IGE, REFLEX TO HAZELNUT

COMPONENT PANEL

General Information

Lab Order Codes: HAZER: Hazelnut, Total with reflex to Hazelnut Component Panel (rCor a 1,

a 8, a 9, a 14) when total Hazelnut result is >=0.1 kUA/L

HCCA1: Hazelnut Component Cor a 1, **HCCA8**: Hazelnut Component Cor a 8, **HCCA9**: Hazelnut Component Cor a 9, and **HCC14**: Hazelnut Component Cor a 14. Add-to test codes to use when total Hazelnut result is >=0.1 kUA/L. (Hazelnut Allergen IgE total should have been tested with in the previous 28

days and the sample available in the lab).

Synonyms: Allergy testing; Specific IgE, Hazelnut, Components

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

86008 x4 - (Hazelnut Components (rCor a 1, a 8, a 9, a 14) allergen IgE, at

an additional charge)

Test Includes: Includes total Hazelnut and rCor a 1, a 8, a 9, a 14 Hazelnut Components

when appropriate.

Logistics

Test indications: Detect allergen specific-lgE

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 Hazelnut IgE and Hazelnut 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 Hazelnut is <0.1 kUA/L, Hazelnut 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: Thermofisher Scientific Allergen Encyclopedia (August 2024)

Updates: 10/29/2024: Components are now performed in-house.