

Allergen Specific IgE (RAST) Test Repertoire

The Specific IgE tests shown in the table below are performed within Clinical Biochemistry at York Teaching Hospital NHS Foundation Trust. All other requests for Specific IgE tests are referred to the Protein Reference Unit at Sheffield Teaching Hospitals NHS Foundation Trust. Please visit <https://tinyurl.com/SpecificIgE> for a complete list of allergen specific IgE tests available at the Protein Reference unit.

NUTS AND SEEDS

ALMOND
ARAH1
ARAH2
BRAZIL NUT
CASHEW NUT
COCONUT
HAZELNUT
PEANUT
PECAN
PINE NUT
PISTACHIO
SESAME SEED
WALNUT

FRUIT

APPLE
BANANA
GRAPE
KIWI
STRAWBERRY
TOMATO

FISH & SEAFOOD

BLUE MUSSEL
COD
CRAB
LOBSTER
PRAWN
SALMON

OTHER FOOD

CHEESE
CHEESE MOULD
CHOCOLATE
EGG WHITE
GLUTEN
MILK
WHEAT
SOYBEAN

BIRDS AND ANIMALS

CAT DANDER
CHICKEN FEATHERS
DOG DANDER
GUINEA PIG EPITHELIUM
HAMSTER EPITHELIUM
HORSE DANDER
RABBIT EPITHELIUM

MISCELLANEOUS

TIMOTHY GRASS
LATEX
BEE
ASPERGILLUS FUMIGATUS
ASPERGILLUS NIGER
HOUSE DUST MITE (HDM)

PANELS

MIXED INHALALANT PANEL (Timothy Grass, Alternaria alternata, Cladosporium herbarum, Birch, Mugwort)
MIXED NUTS (Hazel, Brazil, Almond, Peanut and Coconut)
FISH (Cod, Shrimp, Blue Mussel, Tuna and Salmon)
FOOD MIX (Milk, Egg, Cod, Wheat, Peanut and Soy bean)
GRAIN MIX (Wheat, Rye, Barley, Rice)
WEED PANEL (Ox-eye daisy, dandelion, Plantain, Goldenrod and Lamb's Quarters)
TREE PANEL (Alder, Silver Birch, Hazel, Oak and Willow)
MOULD PANEL (Penicillium chrysogenum, Cladosporium herbarum, Aspergillus fumigatus, Candida Albicans, Setomelanomma rostrata and Alternaria alternate)
RODENTS PANEL (Guinea Pig, Hamster, Rabbit, Rat, Mouse)
FEATHERS PANEL (Goose, Chicken, Duck, Turkey)
CAGED BIRDS (Budgerigar feathers, Canary bird feathers, Parakeet feathers, Parrot feathers, Finch feathers)

Interpretation of Results

Specific IgE Result (KUA/L)	Class
<0.35	0
0.35 – 0.70	1
0.70 – 3.50	2
3.50 – 17.5	3
17.5 – 50.0	4
50.0 – 100.0	5
>100.0	6

If a positive result (>0.35KUA/L) is obtained for the mixed nut or food mix panels, analysis of the individual components will be performed automatically.

The level of IgE present does not correlate to the severity of an allergic reaction, and when a childhood allergy has been outgrown, a positive specific IgE may still be present. It is possible to have a positive specific IgE result to an antigen that is not a cause of allergy in the patient. Allergen-specific IgE antibodies can be found without clinical reactions, especially in atopic individuals. They are NOT proof of allergy and are therefore not useful for screening.

In food allergy, circulating IgE antibodies may remain undetectable despite a convincing clinical history. The antibodies may be directed towards allergens that are revealed or altered during industrial processing, cooking or digestion and therefore do not exist in the original food for which the patient is being tested.

A definitive diagnosis cannot be made solely on the basis of an allergen specific IgE result. A diagnosis should only be made after all clinical & laboratory findings have been evaluated. Results of other investigations performed such as skin prick tests should also be considered.

Guidelines are available from the British Society of Allergy and Clinical Immunology (BSACI) and NICE which cover areas related to the assessment and management of various allergies. Please visit <http://www.bsaci.org/guidelines/primary-care-guidelines> for further information.

For clinical advice please contact the Clinical Immunology team via Leeds Teaching Hospital switchboard on 0113 243 2799.