

Patient Report

Specimen ID: Control ID: Acct #:

Phone:

Rte:

SAMPLE REPORT

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Patient Details

DOB: Age(y/m/d): Gender: Patient ID: Specimen Details

Date collected: Date received: Date entered: Date reported: **Physician Details**

Ordering: Referring: ID: NPI:

General Comments & Additional Information

Clinical Info: NORMAL REPORT

Ordered Items
O215-loE Alpha-Gal

| TESTS | RESULT | FLAG | UNITS | REFERENCE INTERVAL | LAB |
|--------------------|--------|---------|---------------|--------------------|-----|
| 0215-IgE Alpha-Gal | | | | | |
| 0215-IgE Alpha-Gal | <0.10 |) | kU/L | Class 0 | 01 |
| Class Description | | | | | 01 |
| Levels of Specifi | c IgE | Class 1 | Description o | of Class | |
| < | 0.10 | 0 | Negative | | |
| 0.10 - | 0.31 | O/I | Equivocal | L/Low | |
| 0.32 - | 0.55 | Œ | Low | | |
| 0.56 - | 1.40 | II | Moderate | | |
| 1.41 - | 3.90 | III | High | | |
| 3.91 - 1 | 9.00 | IV | Very High | n . | |
| 19.01 - 10 | 0.00 | v | Very High | n. | |
| >10 | 0.00 | VI | Very High | | |