

P hone:

Specimen Numb	er	Patient ID		Control Number	Account Number	Account Phone Number	Route
	Patient Last Nar	ne			Account Ad	dress	4
Patient First Name		Patient M	iddle Name				
Patient SS# Patient Phone		Total Volume					
Age (Y/M/D)	Date of Birth	Sex	Fasting				
	Patient Address				Additional Info	ormation.	
Date and Time Collected Date Entered		Date a	nd Time Reported	Physician Name	NPI	Physician	ı ID

F261-IgE Asparagus

TESTS	RESULT	FLAG	UNITS REFER	ENCE INTERVAL	LAB
F261-IgE Asparagus					
*F261-IgE Asparagus	<0.10	1	kU/L	Class 0	01
Class Description					01
Levels of Specific	IgE	Class	Description of Class	3	
< 0.	10	0	Negative	-	
0.10 - 0.	31	0/I	Equivocal/Low		
0.32 - 0.	55	I	Low		
0.56 - 1.	40	II	Moderate		
1.41 - 3.	90	III	High		
3.91 - 19.	00	IV	Very High		
19.01 - 100.	00	V	Very High		
>100.	00	VI	Very High		

Tests with asterisk (*) were developed and had performance characteristics determined by LabCorp. These tests have not been cleared or approved by the U.S. Food and Drug Administration.

The FDA has determined that such clearance or approval is not necessary. These tests are used for clinical purposes. These tests should not be regarded as investigational or for research.

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