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er	Patient ID		Control Number	Account Number	Account Phone Number	Route 00	
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ime	Patient N	Aiddle Name					
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(Y/M/m) Date of Birth Sex Fasting							
Patient Address			Additional Information				
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	Patient Last Patient Date of Birth Patient Add	Patient Last Name Patient Last Name Patient Name Patient Name Patient Name Patient Name Patient Address Patient Address Patient Address	Patient Last Name Patient Middle Name Patient Phone Total Volume Date of Birth Sex Fasting Patient Address Date and Time Reported	Patient Last Name Patient Last Name Patient Middle Name Patient Phone Total Volume Date of Birth Sex Fasting Patient Address Date Entered Date and Time Reported Physician Name	Patient Last Name Account Number Account Number Patient Last Name Account Ad me Patient Middle Name Patient Phone Total Volume Date of Birth Sex Fasting Patient Address Additional Info	Patient Last Name Patient Middle Name Patient Phone Patient Phone Patient Address Patient Address Account Number Account Number Account Number Account Address Account Address Account Address Patient Phone Patient Phone Total Volume Patient Address Additional Information	

F269-IgE Basil

Tests Ordered

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
F269-IgE Basil					
*F269-IqE Basil	< 0.	10	kU/L	Class 0	01
Class Description					01
Levels of Specif	ic IgE	Class	Description of	Class	
	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 - 1	00.00	V	Very High		
>1	00.00	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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