### DOB:

# **Patient Report**

labcorp

Patient ID: Age: Specimen ID: Sex:

Ordering Physician:

### Ordered Items: Hymenoptera Profile 2; Venipuncture

Date Collected:	Date Received:	Date Reported:	Fasting:

## **Hymenoptera Profile 2**

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Class Description 01	Levels of Specific IgE	Class Description of Cla	ss	
	< 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		
I001-IgE Honeybee 01	<0.10		kU/L	Class 0
1002-IgE Hornet, White Face 01	<0.10		kU/L	Class 0
1003-IgE Yellow Jacket 01	<0.10		kU/L	Class 0
I004-IgE Paper Wasp <sup>01</sup>	<0.10		kU/L	Class 0
I005-IgE Hornet, Yellow⁰¹	<0.10		kU/L	Class 0
*I205-IgE Bumblebee <sup>01</sup>	<0.10		kU/L	Class 0

\*

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval		
*				,		
	characteristics determined b cleared or approved by the U	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				
	•	used for clinical purposes. vestigational or for research				

#### Disclaimer

The Previous Result is listed for the most recent test performed by Labcorp in the past 5 years where there is sufficient patient demographic data to match the result to the patient. Results from certain tests are excluded from the Previous Result display.

#### **Icon Legend**

#### **Performing Labs**

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DOB:

# **Patient Report**

Ordering Physician:

labcorp

Patient ID: Age: Specimen ID: Sex:

Phone:

Age:

Sex:

Date of Birth:

Patient ID:

Alternate Patient ID:

Patient Details Physician Details

Request A Test, LTD. 7027 Mill Road Suite 201, BRECKSVILLE, OH,

44141

Phone: **888-732-2348** Physician ID:

NPI:

Specimen Details Specimen ID: Control ID:

Alternate Control Number:

Date Collected: Date Received: Date Entered: Date Reported:

Rte:

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