

Specimen Number	Patient ID	Control Number	Account Number	Account Phone Number	Route
Patient Last Name		Account Address			
Patient First Name	Patient Middle Name				
Patient SS#	Patient Phone	Total Volume			
Age (Y/M/D)	Date of Birth	Sex	Fasting		
Patient Address		Additional Information			
Date and Time Collected	Date Entered	Date and Time Reported	Physician Name	NPI	Physician ID

Tests Ordered
F217-IgE Brussel Sprouts

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
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F217-IgE Brussel Sprouts

*F217-IgE Brussel Sprouts	<0.10		kU/L	Class 0	01
Class Description					01

Levels of Specific 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 - 100.00	V	Very High
>100.00	VI	Very High

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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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DUPLICATE FINAL REPORT

Page 1 of 1