

## Phone:

oratory corporation of American				i none.			
Specimen Number	or	Patient ID		Control Number	Account Number	Account Phone Number	Rout
	Patient Last N	ame			Account Ad	dress	-li-
Patient First Name		Patient Middle Name					
Patient SS# Patient		hone	Total Volume				
Age (Y/M/D)	Date of Birth	Sex	Fasting				
Patient Address				Additional Information			
Date and Time Collecte	d Date Entered	Date a	and Time Reported	Physician Name	NPI	Physician	ı ID
2 25	8 0						

F011-IgE Buckwheat

Tests Ordered

TESTS	RESULT	LAG UNITS	REFERENCE INTERVAL	LAB
F011-IgE Buckwheat				
F011-IgE Buckwheat	<0.10	kU/L		01
Class Description		the state of the s		01
Levels of Specific	: IgE Cla	ss Description o	f Class	
< (	0.10 0	Negative		
	0.10 0 0.31 0/ 0.55 I	I Equivocal	/Low	
0.32 - 0	).55 I	Low	# TAINGTON	
0.56 - 1	40 II	Moderate		
1.41 - 3	.90 II			
3.91 - 19	0.00 IV	Very High		
19.01 - 100	V 00.0	Very High		
>100	).00 VI	Very High		
		□ □ □		