

Patient ID:
Specimen ID:

DOB:
Age:
Sex:

Patient Report

Ordering Physician:



Ordered Items: **M005-IgE Candida albicans; Venipuncture**

| | | | |
|-----------------|----------------|----------------|----------|
| Date Collected: | Date Received: | Date Reported: | Fasting: |
|-----------------|----------------|----------------|----------|

M005-IgE Candida albicans

| Test | Current Result and Flag | Previous Result and Date | Units | Reference Interval |
|---|-------------------------|--------------------------|----------------------|--------------------|
| M005-IgE Candida albicans ⁰¹ | <0.10 | | kU/L | Class 0 |
| 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 | |

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

▲ Out of Reference Range ■ Critical or Alert

Performing Labs

Patient Details

Phone:
Date of Birth:
Age:
Sex:
Patient ID:
Alternate Patient ID:

Physician Details

Request A Test, LTD.
7027 Mill Road Suite 201, BRECKSVILLE, OH,
44141

Phone: **888-732-2348**
Account Number:
Physician ID:
NPI:

Specimen Details

Specimen ID:
Control ID:
Alternate Control Number:
Date Collected:
Date Received:
Date Entered:
Date Reported:
Rte: