Patient Report

DOB:

Ordering Physician:



Patient ID: Age: Specimen ID: Sex:

Ordered Items: Allergen Profile, Food-Milk; Drawing Fee

Date Collected: Date Received: Date Reported: Fasting:

Allergen Profile, Food-Milk

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
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 0.56 - 1.40	I Low II Moderate		
	1.41 - 3.90	II Moderate III High		
	3.91 - 19.00	IV Very High		
	19.01 - 100.00	V Very High		
	>100.00	VI Very High		
F002-IgE Milk ⁰¹	<0.10		kU/L	Class 0
F076-IgE Alpha Lactalbumin 01	<0.10		kU/L	Class 0
F077-IgE Beta Lactoglobulin 01	<0.10		kU/L	Class 0
F078-IgE Casein ⁰¹	<0.10		kU/L	Class 0
F081-IgE Cheese, Cheddar Type ⁰¹	<0.10		kU/L	Class 0
F082-IgE Cheese, Mold Type ⁰¹	<0.10		kU/L	Class 0

Disclaimer

The Previous Result is listed for the most recent test performed by Labcorp in the past 3 years where there is sufficient patient demographic data to match the result to the patient.

Icon Legend

Phone:

Age: Sex:

Date of Birth:

Performing Labs

Patient Details Physician Details Specimen Details

Phone:

Specimen ID:

Control ID: Alternate Control Number:

Physician ID: Date Collected:
NPI: Date Received:
Date Entered:

Patient ID: Date Reported: Rte: Alternate Patient ID: