

Phone:

Specimen Number		Patient ID		Account Number	Account Phone Number	Rout
Patient Last Name						
ame	Patie	ent Middle Name				
P	atient Phone	Fotal Volume				
Date of Bir	h Sex	Fasting				
Patien	Address	I (Additional Info	ormation	
ted Date E	ntered E	ate and Time Reported	Physician Name	NPI	Physicia	n ID
	Patient Patient Patient	Patient Last Name Patient Phone Date of Birth Sex Patient Address	Patient Last Name Patient Middle Name Patient Phone Total Volume Date of Birth Sex Fasting Patient Address	Patient Last Name Patient Middle Name Patient Phone Total Volume Date of Birth Sex Fasting Patient Address	Patient Last Name Patient Middle Name Patient Phone Total Volume Date of Birth Sex Fasting Patient Address Additional Info	Patient Last Name Patient Middle Name Patient Phone Total Volume Date of Birth Sex Fasting Patient Address Additional Information

E214-IgE Feathers, Finch

Tests Ordered

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
E214-IgE Feathers, Finch					
*E214-IgE Feathers, Finch Class Description	<0.1	0	kU/L	Class 0	01 01
Levels of Specific	IgE	Class De	escription of	Class	
< 0.	10	0	Negative		
0.10 - 0.	31	0/I	Equivocal/L	OW	
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.	0.0	VI	Very High		

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.