DOB:

Patient Report

labcorp

Patient ID: Specimen ID:

Age: Sex: Ordering Physician:

Ordered Items: Food Allergy Profile; Drawing Fee

Date Collected: Date Received: Date Reported: Fasting:

Food Allergy Profile

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	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		
F001-IgE Egg White ⁰¹	<0.10			kU/L	Class 0
F013-lgE Peanut ⁰¹	<0.10			kU/L	Class 0
F014-IgE Soybean 01	<0.10			kU/L	Class 0
F002-IgE Milk ⁰¹	<0.10			kU/L	Class 0
F207-IgE Clam ⁰¹	<0.10			kU/L	Class 0
F024-lgE Shrimp ⁰¹	<0.10			kU/L	Class 0
F256-IgE Walnut ⁰¹	<0.10			kU/L	Class 0
F003-IgE Codfish ⁰¹	<0.10			kU/L	Class 0
F338-IgE Scallop ⁰¹	<0.10			kU/L	Class 0
F004-IgE Wheat 01	<0.10			kU/L	Class 0
F008-lgE Corn ⁰¹	<0.10			kU/L	Class 0
F010-IgE Sesame Seed 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

Performing Labs

DOB: Patient Report
Age: Ordering Physician:
Sex:



Patient Details

Phone:

Age:

Sex:

Date of Birth:

Patient ID: Specimen ID:

Physician Details Specimen Details

Specimen ID: Control ID:

Control

Phone: Alternate Control Number: Physician ID: Date Collected:

NPI: Date Received:
Date Entered:
Date Reported:

Rte:

Patient ID: Alternate Patient ID:

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