DOB:

Patient Report

Ordering Physician:

Patient ID: Specimen ID: Age: Sex:

Ordered Items: Allergen Profile, Food-Fruit

Date Collected: Date Received: Date Reported: Fasting:

Allergen Profile, Food-Fruit

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
F259-IgE Grape 01	<0.10		kU/L	Class 0
F049-IgE Apple 01	<0.10		kU/L	Class 0
F095-IgE Peach 01	<0.10		kU/L	Class 0
F094-IgE Pear ⁰¹	<0.10		kU/L	Class 0
F092-IgE Banana 01	<0.10		kU/L	Class 0

Performing Labs

Patient Details

Physician Details

Specimen Details
Specimen ID:

Request A Test, LTD.

Control ID:

7027 Mill Road Suite 201, BRECKSVILLE, OH,

Alternate Control Number:

labcorp

44141

Date Collected: Date Received: Date Entered:

Phone:

Date Entered: Date Reported:

Physician ID: NPI:

Rte:

Phone: Date of

Date of Birth: Age:

Sex: Patient ID:

Alternate Patient ID:

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

labcorp Date Created and Stored Final Report