

Phone:

Specimen Numb	ser	Patient ID		Control Number	Account Number	Account Phone Number	Rou
	Patient Last	Name			Account Ad	dress	
Patient First Name Patient N		fiddle Name					
Patient SS#	Patient	Phone	Total Volume				
Age (Y/M/D)	Date of Birth	Sex	Fasting				
.	Patient Add	ess			Additional Info	ormation	
Date and Time Collected Date Entered Date and Time Reported			Physician Name	NPI	Physicia	n ID	

E209-IgE Gerbil Epithelium

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1 P 2174	O 1 1	N 12 CV	

TESTS	RESULT	FLAG	UNITS REFERENCE INTERVAL	LAB
E209-IgE Gerbil Epithelium				
*E209-IgE Gerbil Epithelium Class Description	<0.10		kU/L Class 0	01 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	

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.