## **Patient Report**

Patient ID: Specimen ID:

Age: Sex: Ordering Physician:



# Ordered Items: F079-IgE Gluten; Venipuncture

Date Collected:	Date Received:	Date Reported:	Fasting:

### F079-IgE Gluten

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
F079-IgE Gluten 01	<0.10		kU/L	Class 0
Class Description 01				
	Levels of Specific IgE	Class Description of Class	;	
	< 0.10	O 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		

### 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**

**PatientDetails** Physician Details Specimen Details

Specimen ID: Control ID:

Alternate Control Number: Phone: Phone:

Date Collected: Date of Birth: Date Received: Physician ID: Age: Date Entered:

Sex: NPI: Date Reported: Patient ID:

Rte: Alternate Patient ID:

labcorp Final Report Page 1 of 1