

Specimen Number	Patient ID	Control Number	Account Number	Account Phone Number	Route
Patient Last Name			Account Address		
Patient First Name		Patient Middle Name			
Patient SS#	Patient Phone	Total Volume			
Age (Y/M/D)	Date of Birth	Sex	Fasting		
Patient Address			Additional Information		
Date and Time Collected	Date Entered	Date and Time Reported	Physician Name	NPI	Physician ID

Tests Ordered					
F079-IgE Gluten; Venipuncture					

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
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F079-IgE Gluten

*F079-IgE Gluten	<0.08		kU/L	Class 0	02
Class Description					02

Levels of Specific IgE	Class	Description of Class
<0.08	0	Negative
0.08 - 0.15	I	
0.16 - 0.50	II	Increasing
0.51 - 2.50	III	levels
2.51 - 12.50	IV	of
12.51 - 62.50	V	Specific IgE
62.51 - >100.00	VI	Antibody

*
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.

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