DOB:

**Patient Report** 

Patient ID: Specimen ID:

Age: Sex: Ordering Physician:



Ordered Items: E070-IgE Goose Feathers; Drawing Fee

Date Collected:	Date Received:	Date Reported:	Fasting:
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## **E070-IgE Goose Feathers**

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
E070-IgE Goose Feathers 01	<0.10		kU/L	Class 0
Class Description 01				
	Levels of Specific IgE	Class Description of Cla	ISS	
	< 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		

## 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**

Phone:

Age:

Sex:

Date of Birth:

## **Performing Labs**

**Patient Details Physician Details Specimen Details** 

Specimen ID: Control ID:

Phone: Alternate Control Number:

Date Collected: Physician ID: NPI: Date Received: Date Entered: Date Reported:

Patient ID: Rte: Alternate Patient ID:

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