

Patient ID:  
Specimen ID:

DOB:  
Age:  
Sex:

Patient Report

Ordering Physician: |



Ordered Items: **Immunoglobulin E, Serum**

Date Collected:	Date Received:	Date Reported:	Fasting:
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**Immunoglobulin E, Serum**

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Immunoglobulin E, Total <sup>02</sup>	161		IU/mL	6-495

**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**

▲ Out of Reference Range    ■ Critical or Alert

**Performing Labs**

PatientDetails

Phone:  
Date of Birth:  
Age:  
Sex:  
Patient ID: |  
Alternate Patient ID:

Physician Details

**Request A Test, LTD.**  
**7027 Mill Road Suite 201, BRECKSVILLE, OH, 44141**  
  
Phone:  
Physician ID:  
NPI:

Specimen Details

Specimen ID:  
Control ID:  
Alternate Control Number:  
Date Collected: |  
Date Received:  
Date Entered: |  
Date Reported: |  
Rte: |



Date Created and Stored

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