

Specimen ID:
Control ID:

Acct #:

Phone:

Rte: 00

**Patient Details**DOB:
Age(y/m/d):
Gender: SSN:
Patient ID:**Specimen Details**Date collected:
Date received:
Date entered:
Date reported:**Physician Details**Ordering:
Referring:
ID:
NPI:**General Comments & Additional Information**

Clinical Info:

Ordered Items

Immunoglobulin E, Total

TESTS	RESULT	FLAG	UNITS	REFERENCE	INTERVAL	LAB
Immunoglobulin E, Total	83		IU/mL	6 - 495		01