

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
C073-IgE Human Insulin

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
-------	--------	------	-------	--------------------	-----

C073-IgE Human Insulin					
C073-IgE Human Insulin	<0.10		kU/L	Class 0	01
Class Description					01

Levels of Specific IgE	Class	Description of Class
< 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

--

--	--	--	--

DUPLICATE FINAL REPORT

Page 1 of 1