



Phone: _____

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					
K082-IgE Latex; Drawing Fee					

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
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K082-IgE Latex

Class Description

01

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

K082-IgE Latex	<0.08	kU/L	Class 0	01
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FINAL REPORT