

DOB:

Patient Report



Patient ID:
Specimen ID: :

Age:
Sex:

Ordering Physician:

Ordered Items: **Food-Legume**

Date Collected:	Date Received:	Date Reported:	Fasting:
-----------------	----------------	----------------	----------

Allergen Profile, Food-Legume

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
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	
Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
F013-IgE Peanut ⁰¹	<0.10		kU/L	Class 0
F235-IgE Lentil ⁰¹	<0.10		kU/L	Class 0