Specimen ID:

Acct #:

Phone:

Rte:

Patient Details

DOB:

Control ID:

Age(y/m/d):

Gender: Patient ID:

Specimen Details Date collected: Date received: Date entered: Date reported: **Physician Details**

Ordering: Referring: ID: NPI:

General Comments & Additional Information

SSN:

Clinical Info:

Ordered Items

Allergen Profile, Food-Meat

TESTS	RESULT	FLAG UNI	TS REFERENCE	INTERVAL	LAI
llergen Profile, Food-Mea	t				
Class Description					01
Levels of Specifi	c IgE Cla	ss Descripti	on of Class		
<	0.10 0	Negat	ive		
0.10 -	0.31 0/	I Equiv	ocal/Low		
0.32 -	0.55 I	Low			
0.56 -	1.40 II	Moder	rate		
1.41 -	3.90 II	I High			
3.91 - 1		Very	High		
19.01 - 10	0.00 V	Very	High		
>10	0.00 VI	Very	High		
F026-IgE Pork	< 0.10	k	U/L Cla	ass 0	01
F027-IgE Beef	<0.10	k	U/L Cla	iss O	01
F083-IgE Chicken	<0.10	k	U/L Cla	ass O	01