DOB:

Patient Report

labcorp

Patient ID:

Age:

Ordering Physician:

Ordered Items: F332-IgE Mint; Venipuncture

Date Collected: Date Received: Date Reported: Fasting:

F332-IgE Mint

Test	Current Result and Flag Previous Result and Date		Units	Reference Interval	
*F332-IgE Mint ⁰¹	<0.10			kU/L	Class 0
Class Description 01					
	Levels of Specific IgE	Class D	escription of Cla	ass	
	< 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	٧	Very High		
	>100.00	VI	Very High		

*

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
*				
	characteristics determined b cleared or approved by the U The FDA has determined that necessary. These tests are	e developed and had performand by LabCorp. These tests have U.S. Food and Drug Administrat such clearance or approval is used for clinical purposes. evestigational or for research	not been ion. not These tests	

Disclaimer

The Previous Result is listed for the most recent test performed by Labcorp in the past 3 years where there is sufficient patient demographic data to match the result to the patient.

Icon Legend

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Final Report Page 1 of 2

Patient Report DOB:

Patient ID: Ordering Physician: Age:

labcorp

Patient Details Physician Details Specimen Details Specimen ID:

Request A Test, LTD. Control ID:

7027 Mill Road Suite 201, BRECKSVILLE, OH, Alternate Control Number: Phone:

44141 Date Collected: Date of Birth: Date Received: Age: Date Entered:

Sex: Phone: Date Reported: Physician ID: Patient ID: Rte:

NPI: Alternate Patient ID: