

Specimen ID:
Control ID:

Acct #:

Phone:

Rte:



Patient Details

DOB:
Age(y/m/d):
Gender: SSN:
Patient ID:

Specimen Details

Date collected:
Date entered:
Date reported:

Physician Details

Ordering:
Referring:
ID:
NPI:

General Comments & Additional Information

Clinical Info: NORMAL REPORT

Ordered Items

Allergen Profile, Mold

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Allergen Profile, Mold					
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		
M001-IgE Penicillium chrysogen	<0.10		kU/L	Class 0	01
M002-IgE Cladosporium herbarum	<0.10		kU/L	Class 0	01
M003-IgE Aspergillus fumigatus	<0.10		kU/L	Class 0	01
M004-IgE Mucor racemosus	<0.10		kU/L	Class 0	01
M005-IgE Candida albicans	<0.10		kU/L	Class 0	01
M006-IgE Alternaria alternata	<0.10		kU/L	Class 0	01
M008-IgE Setomelanomma rostrat	<0.10		kU/L	Class 0	01
M009-IgE Fusarium proliferatum	<0.10		kU/L	Class 0	01
M012-IgE Aureobasidi pullulans	<0.10		kU/L	Class 0	01
M013-IgE Phoma betae	<0.10		kU/L	Class 0	01
M014-IgE Epicoccum purpur	<0.10		kU/L	Class 0	01
M010-IgE Stemphylium herbarum	<0.10		kU/L	Class 0	01

Patient:
DOB:

Patient ID:

Control ID:

Specimen ID:
Date collected:

For inquiries, the physician may contact **Branch: 800-222-7566 Lab: 336-436-2762**