DOB:

## **Patient Report**

Patient ID: Age: Ordering Physician:

Ordered Items: IO71-IgE Whole Body: Mosquito; Venipuncture

Date Collected: Date Received: Date Reported: Fasting:

## 1071-IgE Whole Body: Mosquito

Test	Current Result and Flag		Previous Result and Date		Units	Reference Interval
1071-IgE Whole Body: Mosquito 01					kU/L	Class 0
Class Description 01						
	Levels of Specif	ic IgE	Class	Description of Clas	s	
		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 - 1	00.00	V	Very High		
	>1	00.00	VI	Very High		

## 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

▲ Out of reference range

Critical or Alert

**Performing Labs** 

**Patient Details Physician Details** 

> Specimen ID: Request A Test, LTD. Control ID:

Specimen Details

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

Phone: 44141 Date Collected:

Date of Birth: Date Received: Age: Date Entered: Phone: Sex:

Date Reported: Physician ID: Patient ID:

Rte: Alternate Patient ID: NPI:

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