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Laboratory Cor	poration (of Ame	rica	

Phone:

Patient Phone	Middle Name Total Volume	Control Number	Account Number Account Add	Account Phone Number	Rou
Patient Phone	the state of the s		Account Add	dress	3L
Patient Phone	the state of the s				
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of Birth Sex	Fasting				
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ate Entered Dat	e and Time Reported	Physician Name	NPI	Physician	ID
a	te Entered Date	te Entered Date and Time Reported	te Entered Date and Time Reported Physician Name	te Entered Date and Time Reported Physician Name NPI	te Entered Date and Time Reported Physician Name NPI Physician

F033-IgE Orange

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
F033-IgE Orange					
F033-IgE Orange	<0.1	.0	kU/L	Class 0	01
Class Description					01
Levels of Specific	IgE	Class	Description of		
< 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		