DOB:

Patient Report

Ordering Physician:

Patient ID: Specimen ID: 2

Age: Sex:

ecimen iD: .

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Ordered Items: F290-IgE Oyster

Date Received:

Date Reported:

Fasting:

labcorp

F290-IgE Oyster

Date Collected:

Test	Current Result and Flag		Previous Result and Date		Units	Reference Interva
F290-IgE Oyster 01	<0.10				kU/L	Class 0
Class Description 01						
	Levels of Specifi	c 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 - 1	9.00	IV	Very High		
	19.01 - 10	0.00	V	Very High		
	>10	0.00	VI	Very High		

labcorp Date Created and Stored Final Report