

Specimen Number	Patient ID	Control Number	Account Number	Account Phone Number	Route
Patient Last Name			Account Address		
Patient First Name		Patient Middle Name			
Patient SS#	Patient Phone	Total Volume			
Age (Y/M/D)	Date of Birth	Sex	Fasting		
Patient Address			Additional Information		
Date and Time Collected	Date Entered	Date and Time Reported	Physician Name	NPI	Physician ID

Tests Ordered
C001-IgE Penicillin G

General Comments

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
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TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
C001-IgE Penicillin G					01
Class Description					
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		
C001-IgE Penicilloyl G	<0.10		kU/L	Class 0	01

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