

Patient Information	Specimen Information	Client Information
<b>DOB:</b> <b>AGE:</b> Gender: Patient ID:	Specimen: Collected: Received: Reported:	

**ALLERGEN REPORT**

ALLERGY TESTS		CLASS						
Performing Lab: EN		0	1	2	3	4	5	6
Test Name	Results kU/L							
CAT DANDER (E1) IGE	<0.10							
DOG DANDER (E5) IGE	<0.10							

**PERFORMING SITE:**

EN QUEST DIAGNOSTICS-WEST HILLS, 8401 FALLBROOK AVENUE, WEST HILLS, CA 91304-3226 Laboratory Director: TAB TOOCHINDA,MD, CLIA: 05D0642827

CLIENT SERVICES: 866.697.8378

SPECIMEN:

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