

Phone:

oratory corporation of Am	77.17.1			i none.			
Specimen Number		Patient	D	Control Number	Account Number	Account Phone Number	Rout
	Patient Last N	ame	<u> </u>		Account Ad	dress	
Patient First Name		Patient N	liddle Name				
Patient SS# Patient Phone		hone	Total Volume				
Age (Y/M/D)	Date of Birth	Sex	Fasting				
Patient Address			Additional Information				
Date and Time Collect	ed Date Entered	Date a	and Time Reported	Physician Name	NPI	Physician	ı ID
2 29	5 0						

E073-IgE Rat Epithelia

Tests Ordered

TESTS	RESULT FL	AG UNITS	REFERENCE INTERVAL	LAB
E073-IgE Rat Epithelia				
E073-IgE Rat Epithelia	<0.10	kU/L	Class 0	01
Class Description		12000000 8 8880		01
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		