

DOB:

Patient Report



Patient ID: Specimen ID:

Age:

Sex:

Ordered Items: **Allergens w/Total IgE Area 3; Venipuncture**

Date Collected:

Date Received:

Date Reported:

Fasting:

Allergens w/Total IgE Area 3

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Class Description 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	
Immunoglobulin E, Total ⁰¹	17		IU/mL	6-495
D001-IgE D pteronyssinus ⁰¹	<0.10		kU/L	Class 0
D002-IgE D farinae ⁰¹	<0.10		kU/L	Class 0
E001-IgE Cat Dander ⁰¹	<0.10		kU/L	Class 0
E005-IgE Dog Dander ⁰¹	<0.10		kU/L	Class 0
G002-IgE Bermuda Grass ⁰¹	<0.10		kU/L	Class 0
G017-IgE Bahia Grass ⁰¹	<0.10		kU/L	Class 0
G006-IgE Timothy Grass ⁰¹	<0.10		kU/L	Class 0
I006-IgE Cockroach, German ⁰¹	<0.10		kU/L	Class 0
M001-IgE Penicillium chrysogen ⁰¹	<0.10		kU/L	Class 0
M002-IgE Cladosporium herbarum ⁰¹	<0.10		kU/L	Class 0
M003-IgE Aspergillus fumigatus ⁰¹	<0.10		kU/L	Class 0
M006-IgE Alternaria alternata ⁰¹	<0.10		kU/L	Class 0
T001-IgE Maple/Box Elder ⁰¹	<0.10		kU/L	Class 0
T003-IgE Common Silver Birch ⁰¹	<0.10		kU/L	Class 0
T006-IgE Cedar, Mountain ⁰¹	<0.10		kU/L	Class 0
T007-IgE Oak, White ⁰¹	<0.10		kU/L	Class 0
T008-IgE Elm, American ⁰¹	<0.10		kU/L	Class 0
T022-IgE Pecan, Hickory ⁰¹	<0.10		kU/L	Class 0
W001-IgE Ragweed, Short ⁰¹	<0.10		kU/L	Class 0
W014-IgE Pigweed, Common ⁰¹	<0.10		kU/L	Class 0
W018-IgE Sheep Sorrel ⁰¹	<0.10		kU/L	Class 0
W020-IgE Nettle ⁰¹	<0.10		kU/L	Class 0
E072-IgE Mouse Urine ⁰¹	<0.10		kU/L	Class 0

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Disclaimer

The Previous Result is listed for the most recent test performed by Labcorp in the past 5 years where there is sufficient patient demographic data to match the result to the patient. Results from certain tests are excluded from the Previous Result display.

Icon Legend

▲ Out of Reference Range ■ Critical or Alert

Patient Details

Phone:
Date of Birth:
Age:
Sex:
Patient ID:
Alternate Patient ID:

Physician Details

Request A Test, LTD.
7027 Mill Road Suite 201, BRECKSVILLE, OH,
44141

Phone:

Physician ID:
NPI:

Specimen Details

Specimen ID:
Control ID:
Alternate Control Number:
Date Collected:
Date Received:
Date Entered:
Date Reported:
Rte: