

## Phone:

Specimen Number		Patient ID		Control Number	Account Number	Account Phone Number	Rout
Patient Last Name			Account Address				
Patient First Name Patient Mide		fiddle Name					
Patient SS#	Par	ient Phone	Total Volume				
Age (Y/M/D)	Date of Birth	Sex	Fasting				
t.	Patient /	Address	<u> </u>		Additional Info	ormation	
Date and Time Collecte	d Date Ent	ered Date a	and Time Reported	Physician Name	NPI	Physicia	n ID
	- 36	+	T-704- O		<u> </u>	1	

F009-IgE Rice

9	ests	Ord	ered	l

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
F009-IgE Rice	_		_		
F009-IgE Rice	< 0.10		kU/L	Class 0	01
Class Description					01
Levels of Specific	IgE	Class I	Description of	Class	
< 0	.10	0	Negative		
0.10 - 0	.31	0/I	Equivocal/L	OW	
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		