

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
F041-IgE Salmon

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
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F041-IgE Salmon					
F041-IgE Salmon	<0.10		kU/L	Class 0	01
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

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DUPLICATE FINAL REPORT

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