

Phone:

Specimen Number	er .	Patient ID		Control Number	Account Number	Account Phone Number	Rou
	Patient Last N	ame		Account Address			
Patient-First Name		Patient Middle Name					
Patient SS# Patient PI		hone	Total Volume				
Age (Y/M/D)	Date of Birth	Sex	Fasting				
Patient Address				Additional Information			
Date and Time Collecte	d Date Entered	Date a	ad Time Reported	Physician Name	NPI	Physician	ı ID
		JI .			1		

F010-IgE Sesame Seed

Tests Ordered

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
F010-IgE Sesame Seed					
F010-IgE Sesame Seed	<0.1	.0	kU/L	Class 0	01
Class Description			1000-10 mm		01
Levels of Specific	IgE	Class	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		