	LabCorp Laboratory Corporation of America			Phone:	
	Specimen Number	Patient ID	Control Number	Account Number	Account Phone Number
Ì	Patier	Account Address			
t	Patient First Name	Patient Middle Name	-1		

Date and Time Reported

Date and Time Collected

Date Entered

Patient Last Name				Account Address
Patient First N	ame	Patient Middle Name		1
Patient SS#	Patient Phone		Total Volume	1
Age (Y/M/D)	Date of Birth	Sex	Fasting	1
	Patient Address	iss .	•	NORMAL REPORT Additional Information

Tests Ordered
F302-IgE Tangerine

Physician Name

NPI

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
F302-IgE Tangerine					
*F302-IgE Tangerine	< 0.	10	kU/L	Class 0	01
Class Description					01
Levels of Specifi	c IgE	Class	Description of	Class	
<	0.10	0	Negative		
	0.31	0/I	Equivocal/	Low	
0.32 -	0.55	Ĭ	Low		
0.56 -	1.40	II	Moderate		
1.41 -	3.90	III	High		
3.91 - 1	9.00	IV	Very High		
19.01 - 10	0.00	V	Very High		
>10	0.00	VI	Very High		

Tests with asterisk (*) were developed and had performance characteristics determined by LabCorp. These tests have not been cleared or approved by the U.S. Food and Drug Administration.

The FDA has determined that such clearance or approval is not necessary. These tests are used for clinical purposes. These tests should not be regarded as investigational or for research.

1		
1		
1		

Route

Physician ID