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Laboratory	Carpo	oration o	of Ame	erica	9

Phone:

ericam								
Specimen Number Patient ID		atient ID	Control Number	Account Number	Account Phone Number	Route		
Patient I	ast Name		Account Address					
ame	Patient Middle Name							
Patient SS# Patient Phone T		Total Volume						
Date of Birth	Sex	Fasting						
Patient Address				Additional Information				
Date and Time Collected Date Entered Date and Time Reported				NPI	Physician	ı ID		
	Patient I  Date of Birth  Patient I	Patient Last Name  Pat  Patient Phone  Date of Birth  Patient Address	Patient Last Name  Patient Middle Name  Patient Phone  Total Volume  Date of Birth  Sex  Fasting  Patient Address	Patient Last Name  Patient Middle Name  Patient Phone Total Volume  Date of Birth Sex Fasting  Patient Address	Patient Last Name Account Adame  Patient Middle Name  Patient Phone Total Volume  Date of Birth Sex Fasting  Patient Address Additional Info	Patient Last Name Patient Middle Name Patient Phone Patient Phone Patient Phone Total Volume Date of Birth Patient Address  Account Number Account Number Account Phone Number Account Address  Additional Information		

F273-IgE Thyme

Tests Ordered

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
F273-IgE Thyme					
*F273-IgE Thyme	<0.1	10	kU/L	Class 0	01
Class Description					01
Levels of Specif	ic IgE	Class	Description of	Class	
>	0.10	0	Negative	*-8	
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 - 1	00.00	V	Very High		
>1	00.00	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.

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