

Phone:

Specimen Numb	Specimen Number Patient ID		D	Control Number	Account Number	Account Phone Number	Route	
	Patier	it Last Name		1 4		Account Add	dress	- July
Patient First Name Patient N			iddle Name					
Patient SS# Patient Phone			Total Volume					
Age (Y/M/D)	Date of Bir	e of Birth Sex		Fasting				
	Patier	nt Address		L.		Additional Info	ormation	
Date and Time Collect	ed Date I	intered	Date a	nd Time Reported	Physician Name	NPI	Physicial	n ID
32 7/4	1000	17	7000000		SALMAN PROCESSION SALMAN SALMA	75300	Fig. 18 Action Control	A September 1

Tests Ordered
Allergen Profile, Vegetable II

TESTS	RESULT	FLAG	UNITS REFE	RENCE INTERVAL	LAB
Allergen Profile, Vegetable Class Description Levels of Specifi		Class	Description of Clas		01
nevers or specifi		Class	Description of clas	, D	
<	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 - 1	9.00	IV	Very High		
19.01 - 10	0.00	V	Very High		
>10	0.00	VI	Very High		
F012-IgE Green Pea	<0.1	0	kU/L	Class 0	01
F014-IgE Soybean	<0.1	0	kU/L	Class 0	01
F025-IgE Tomato	<0.1	0	kU/L	Class 0	01
F031-IgE Carrot	<0.1	0	kU/L	Class 0	01
F035-IgE Potato, White	<0.1	0	kU/L	Class 0	01
*F315-IgE Green Bean	<0.1	0	kU/L	Class 0	01
F048-IgE Onion	<0.1	0	kU/L	Class 0	01
*F287-IgE Kidney Bean	<0.1	0	kU/L	Class 0	01
*F225-IgE Pumpkin	<0.1	0	kU/L	Class 0	01

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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DUPLICATE FINAL REPORT

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