Result Status: Final

Labcorp

Patient Name:		Account Number:	
Patient Phone:		Account Name:	
Date of Birth (Age):			
Sex:			
Referring Dr (NPI #):		Collection Date/Time:	
Patient ID:		Received Date/Time:	
Specimen ID:		Reported Date/Time:	

Result Name	Flag	Result	Range/Units	Status	Lab
002170 Immunoglobulin E, Total					
Immunoglobulin E, Total		247	6-495 / IU/mL	Final	

END OF REPORT