

Specimen ID:  
Control ID:

Acct #:

Phone:

Rte:

**Patient Details**

DOB:  
Age(y/m/d): Gender:  
SSN:  
Patient ID:

**Specimen Details**

Date collected:  
Date received:  
Date entered:  
Date reported:

**Physician Details**  
Ordering:  
Referring:  
ID:  
NPI:

**General Comments & Additional Information**

Alternate Control Number:  
Total Volume:

Alternate Patient ID:  
Fasting:

**Ordered Items**

TESTS	RESULT	FLAG	UNITS	REFERENCE	INTERVAL	LAB
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**E001-IgE Cat Dander**

E001-IgE Cat Dander <0.10 kU/L Class 0 03  
Class Description 03

Levels of Specific IgE	Class	Description of Class
< 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 - 19.00	IV	Very High
19.01 - 100.00	V	Very High
>100.00	VI	Very High

Date Issued:

**FINAL REPORT**

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