

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
-------	--------	------	-------	-----------	----------	-----

**F221-IgE Coffee**

*F221-IgE Coffee	<0.10		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.