

Specimen ID: _____ Acct #: _____ Phone: _____ Rte: _____
Control ID: _____

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:
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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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F329-IgE Watermelon

*F329-IgE Watermelon	<0.10		kU/L	Class 0		01
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* 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.