



Patient Report

Patient:
DOB:

Patient ID:

Control ID:

Specimen ID:
Date collected:

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
F092-IgE Banana	<0.10		kU/L	Class 0	02

For inquiries, the physician may contact **Branch: 504-828-2666 Lab: 858-668-3700**

Date Issued:

FINAL REPORT

Page 1 of 1

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If you have received this document in error, please call 858-668-3700

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