

**Patient Report** 

Specimen ID: Control ID:

Acct #:

Phone: (800) 539-6119

Rte: 00

Walk-In Lab, LLC VART verified

**Patient Details** 

**Specimen Details** 

**Physician Details** 

**Alternate Patient ID: Fasting:** 

**General Comments & Additional** 

**Information Alternate Control Number:** 

Total Volume: Not Provided

**Ordered Items** 

M005-IgE Candida albicans

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TESTS	RESULT	FLAG	UNITS	REFERENCE	INTERVAL	LAB
M005-IgE Candida albicans M005-IgE Candida albicans Class Description Levels of Specific 1	<0.10	ass Des	kU/L cription o		ss O	01 01
0.10 - 0.3 0.32 - 0.5 0.56 - 1.4 1.41 - 3.9 3.91 - 19.0 19.01 - 100.0	0 0 0 31 0 55 I 10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	/I I V	Negative Equivocal Low Moderate High Very High Very High	l/Low n		

For inquiries, the physician may contact Branch: 504 828-2666 Lab: 800-762-4344