

Specimen ID:
Control ID:
Acct #:
 Walk-In Lab, LLC
 VART verified

Phone: (800) 539-6119 **Rte:** 00

Patient Details	Specimen Details	Physician Details
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General Comments & Additional Information
Alternate Control Number:
 Total Volume: Not Provided

Alternate Patient ID:
Fasting:
Ordered Items
 Allergen Profile, Mold

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Allergen Profile, Mold					
Class Description					01
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		
M001-IgE Penicillium chrysogen	0.17	Abnormal	kU/L	Class 0/I	01
M002-IgE Cladosporium herbarum	0.14	Abnormal	kU/L	Class 0/I	01
M003-IgE Aspergillus fumigatus	0.15	Abnormal	kU/L	Class 0/I	01
M004-IgE Mucor racemosus	0.95	Abnormal	kU/L	Class II	01
M005-IgE Candida albicans	2.03	Abnormal	kU/L	Class III	01
M006-IgE Alternaria alternata	0.22	Abnormal	kU/L	Class 0/I	01
M008-IgE Setomelanomma rostrat	0.26	Abnormal	kU/L	Class 0/I	01
M009-IgE Fusarium proliferatum	0.21	Abnormal	kU/L	Class 0/I	01
M012-IgE Aureobasidi pullulans	0.22	Abnormal	kU/L	Class 0/I	01
M013-IgE Phoma betae	0.23	Abnormal	kU/L	Class 0/I	01
M014-IgE Epicoccum purpur	0.23	Abnormal	kU/L	Class 0/I	01
M010-IgE Stemphylium herbarum	0.24	Abnormal	kU/L	Class 0/I	01

Patient:
DOB:

Patient ID:

Control ID:

Specimen ID:
Date collected:

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

Walk-In Lab