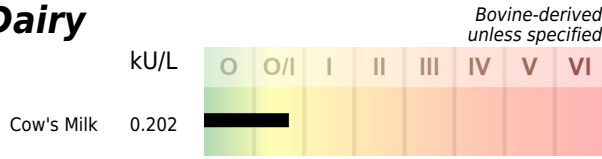


Patient: TEST PATIENT **Sex:** M/F **Date of Birth:** YYYY-DD-MM **Age:** #
Accession #: 00000000 **Sample Type:** DBS
Collected: YYYY-DD-MM **Received:** YYYY-DD-MM **Completed:** YYYY-DD-MM
Physician: TEST DOCTOR

IgE ██████████

CLIA #: 50D0965661
COLA accredited

Dairy



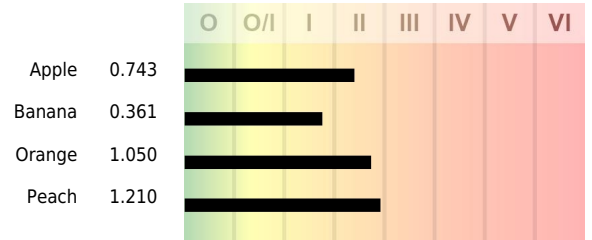
Egg



Grains/Legumes/Nuts



Fruits



Miscellaneous



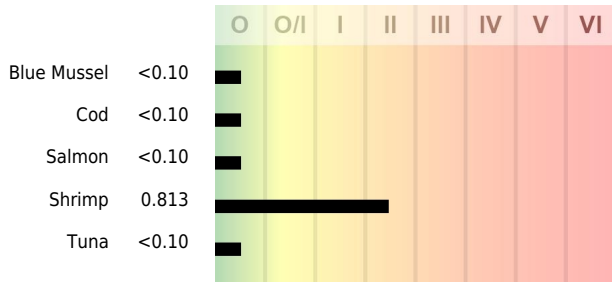
Total IgE*: >1850 IU/mL

Reference Range:

≥10 years: ≤87.0 IU/mL

<10 years: Not available

Fish/Crustacea/Mollusk



Vegetables



Reaction Class

Director: Stephen Markus, MD

