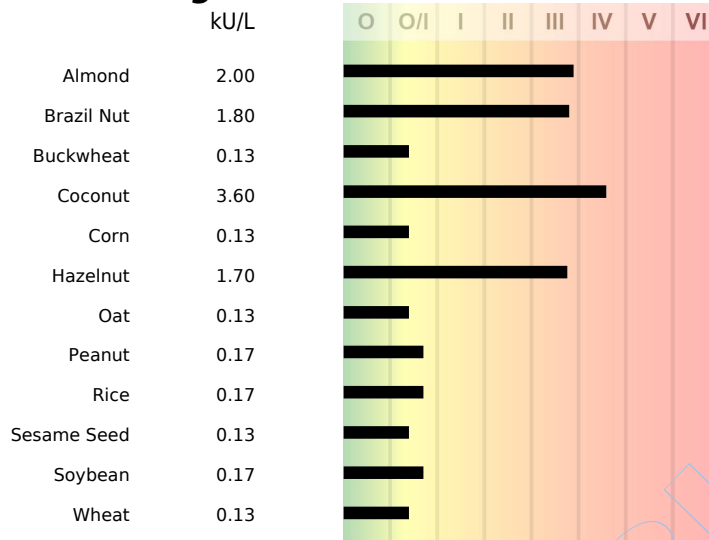


Physician: Sample Report
Patient: **Sex:**
Accession #: 2017000000 **Sample Type:** Serum **Date of Birth:**
Collected: **Received:** **Completed:**

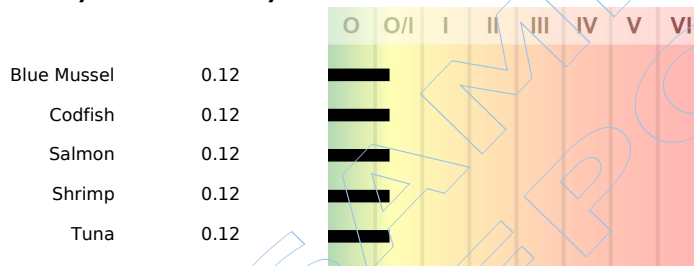
IgE XXXXXXXXXX

CLIA #: 50D0965661

Grains/Legumes/Nuts



Fish/Crustacea/Mollusk



Misc



Reaction Class

O	O/I	I	II	III	IV	V	VI
<0.10 Absent or ND	0.10-0.24 Very Low	0.25-0.39 Low	0.40-1.29 Moderate	1.30-3.89 High	3.90-14.99 Very High	15-24.99 Very High	≥25 Very High