



Testmaster Testing  
3060 S Church Street  
Burlington, NC 27215

Phone: 336-436-2762

Specimen Number <b>355-988-9518-0</b>		Patient ID		Control Number	Account Number 90000999	Account Phone Number 336-436-8645	Route 00
Patient Last Name				Account Address			
<b>SAMPLE</b>				LabCorp Test Master			
Patient First Name <b>602989</b>		Patient Middle Name		Test Account			
Patient SS#		Patient Phone		3060 South Church Street			
Age (Y/M/D) 26/11/08		Date of Birth 01/11/90		Sex F		Fasting	
Patient Address				Additional Information			
				NORMAL REPORT			
Date and Time Collected 12/19/16 00:00		Date Entered 12/20/16		Date and Time Reported		Physician Name	NPI
						Physician ID	

Food Allergy Profile		Tests Ordered	
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TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
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**Food Allergy Profile**

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

F001-IgE Egg White	<0.10	kU/L	Class 0	01
F013-IgE Peanut	<0.10	kU/L	Class 0	01
F014-IgE Soybean	<0.10	kU/L	Class 0	01
F002-IgE Milk	<0.10	kU/L	Class 0	01
F207-IgE Clam	<0.10	kU/L	Class 0	01
F024-IgE Shrimp	<0.10	kU/L	Class 0	01
F256-IgE Walnut	<0.10	kU/L	Class 0	01
F003-IgE Codfish	<0.10	kU/L	Class 0	01
F338-IgE Scallop	<0.10	kU/L	Class 0	01
F004-IgE Wheat	<0.10	kU/L	Class 0	01
F008-IgE Corn	<0.10	kU/L	Class 0	01
F010-IgE Sesame Seed	<0.10	kU/L	Class 0	01

01	BN	LabCorp Burlington	Dir: William F Hancock, MD
1447 York Court, Burlington, NC 27215-3361			
For inquiries, the physician may contact <b>Branch: 800-222-7566 Lab: 336-436-2762</b>			

<b>SAMPLE, 602989</b>		<b>355-988-9518-0</b>	Seq # 0000
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Testmaster Testing  
3060 S Church Street  
Burlington, NC 27215

Phone: 336-436-2762

Specimen Number <b>355-988-9519-0</b>		Patient ID		Control Number	Account Number 90000999	Account Phone Number 336-436-8645	Route 00
Patient Last Name <b>SAMPLE</b>				Account Address LabCorp Test Master			
Patient First Name <b>602989</b>		Patient Middle Name		Test Account			
Patient SS#		Patient Phone		Total Volume			
Age (Y/M/D) 26/11/08		Date of Birth 01/11/90		Sex F	Fasting		
Patient Address				Additional Information ABNORMAL REPORT			
Date and Time Collected 12/19/16 00:00		Date Entered 12/20/16		Date and Time Reported		Physician Name	NPI
						Physician ID	

Food Allergy Profile		Tests Ordered	
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TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
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**Food Allergy Profile**

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

<b>F001-IgE Egg White</b>	<b>0.67</b>	<b>Abnormal</b>	kU/L	Class II	01
<b>F013-IgE Peanut</b>	<b>1.55</b>	<b>Abnormal</b>	kU/L	Class III	01
<b>F014-IgE Soybean</b>	<b>1.00</b>	<b>Abnormal</b>	kU/L	Class II	01
F002-IgE Milk	<0.10		kU/L	Class 0	01
F207-IgE Clam	<0.10		kU/L	Class 0	01
<b>F024-IgE Shrimp</b>	<b>2.43</b>	<b>Abnormal</b>	kU/L	Class III	01
F256-IgE Walnut	<0.10		kU/L	Class 0	01
F003-IgE Codfish	<0.10		kU/L	Class 0	01
F338-IgE Scallop	<0.10		kU/L	Class 0	01
<b>F004-IgE Wheat</b>	<b>0.54</b>	<b>Abnormal</b>	kU/L	Class I	01
<b>F008-IgE Corn</b>	<b>0.59</b>	<b>Abnormal</b>	kU/L	Class II	01
<b>F010-IgE Sesame Seed</b>	<b>1.39</b>	<b>Abnormal</b>	kU/L	Class II	01

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<b>SAMPLE, 602989</b>		<b>355-988-9519-0</b>	Seq # 0000
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