

1-800-533-1710

PATIENT NAME			PATIENT NUM	//BER		AGE	SEX	ACCESSION #
TESTING, DARLA 91953						43	F	W3521854
ORDERING PHYSICIAN			CLIENT ORDER #					ACCOUNT # LIAISONS
COLLECTION	RECEIVED		REPORT PRINTED		SPECIMEN INFORMATION			
02/12/10 12:55 P	02/12/10 1	2:55 P	02/16/10	09:57 A	DATE OF BIRTH: 5	/22/1966		
DATE TIME	DATE	TIME	DATE	TIME				
Test Client								
Attn: Mayo Liaisons								
200 First Street SW								
Rochester, MN 55905								
507-284-8202								

н

TEST REQUESTED LO REF RANGE PERFORM SITE *

Pepper Cayenne IgE

Pepper Cayenne IgE 0.20 kU/L <0.35 REF Flag/Class 2 REF

This test was developed and its performance characteristics determined by IBT Reference Lab. It has not been cleared or approved by the FDA.

Test Performed by: IBT Reference Laboratory

11274 Renner Boulevard

Lenexa, KS 66219

PATIENT NAME	ORDER STATUS	COLLECTION DATE AND TIME
TESTING, DARLA 91953	Final	02/12/10 12:55 P

^{*} PERFORMING SITE