

1-800-533-1710

PATIENT NAME			PATIENT NU	MBER		AGE	SEX	ACCESSION #
TESTING, DARLA 91960						43	F	W3525749
ORDERING PHYSICIAN			CLIENT ORD	CLIENT ORDER #				ACCOUNT #
								LIAISONS
COLLECTION	RECEIVED REPORT PRINT		NTED	SPECIMEN INFORMATION				
02/15/10 11:22 A	02/15/10 1	11:22 A	02/23/10	09:34 A	DATE OF BIRTH: 5	5/22/1966	;	
DATE TIME	DATE	TIME	DATE	TIME				
Test Client								
Attn: Mayo Liaisons								
200 First Street SW								
Rochester, MN 55905								
507-284-8202								

HI

TEST REQUESTED LO REF RANGE PERFORM SITE *

Dock Yellow IgE

Dock Yellow IgE0.21kU/L<0.35</th>REFFlag/Class2REF

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 91960	Final	02/15/10 11:22 A

^{*} PERFORMING SITE