

1-800-533-1710

PATIENT NAME TESTING, PAM 91991		PATIENT NUMBER		AGE 9	SEX F	ACCESSION # W3533297
ORDERING PHYSICIAN		CLIENT ORDER #				ACCOUNT # LIAISONS
COLLECTION 02/17/10 03:00 P DATE TIME	RECEIVED 02/17/10 04:05 P DATE TIME	REPORT PRINTED 02/23/10 10:06 A DATE TIME		SPECIMEN INFORMATION DATE OF BIRTH: 5/12/2000		
Test Client Attn: Mayo Liaisons 200 First Street SW Rochester, MN 55905 507-284-8202						

TEST REQUESTED	HI	LO	REF RANGE	PERFORM SITE *
----------------	----	----	-----------	----------------

Poplar White IgE

Poplar White IgE	0.30	kU/L	<0.35	REF
Flag/Class	0			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

* PERFORMING SITE

PATIENT NAME TESTING, PAM 91991	ORDER STATUS Final	COLLECTION DATE AND TIME 02/17/10 03:00 P
---	------------------------------	---