

1-800-533-1710

PATIENT NAME				PATIENT NUMBER		AGE	SEX	ACCESSION #	
TESTING, PAM 91990							9	F	W3533295
ORDERING PHYSICIAN				CLIENT ORDER #					ACCOUNT #
									LIAISONS
COLLECTION		RECEIVED		REPORT PRINTED		SPECIMEN INFORMATION			
02/17/10 04:05 P		02/17/10 04:05 P		02/23/10	10:13 A	DATE OF BIRTH: 5/12/2000			
DATE	TIME	DATE	TIME	DATE	TIME				
Test Client									
Attn: Mayo Liaisons									
200 First Street SW									
Rochester, MN 55905									
507-284-8202									

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TEST REQUESTED LO REF RANGE PERFORM SITE \*

Yeast Brewers IgE

Yeast Brewers IgE H 2.90 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

\* PERFORMING SITE

PATIENT NAME	ORDER STATUS	COLLECTION DATE AND TIME
TESTING, PAM 91990	Final	02/17/10 04:05 P