

1-800-533-1710

PATIENT NAME TESTING, DARLA 91961		PATIENT NUMBER		AGE 43	SEX F	ACCESSION # W3510384
ORDERING PHYSICIAN		CLIENT ORDER #			ACCOUNT # LIAISONS	
COLLECTION 02/08/10 03:54 P DATE TIME	RECEIVED 02/08/10 03:54 P DATE TIME	REPORT PRINTED 02/16/10 09:59 A DATE TIME		SPECIMEN INFORMATION DATE OF BIRTH: 5/22/1966		
Test Client Attn: Mayo Liaisons 200 First Street SW Rochester, MN 55905 507-284-8202						

TEST REQUESTED	HI LO	REF RANGE	PERFORM SITE *
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Whitefish IgE

Whitefish IgE	0.34	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

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