

27 Food Panel + Total IgE*: IgE

Complete Report

Patient: TEST PATIENT **Sex:** M/F
Accession #: 00000000 **Sample Type:** DBS

Date of Birth: YYYY-DD-MM **Age:** #

Collected: YYYY-DD-MM **Received:** YYYY-DD-MM **Completed:** YYYY-DD-MM

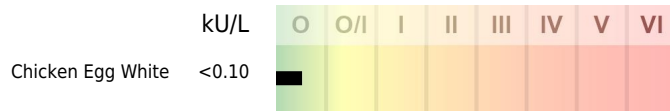
IgE [REDACTED]

Physician: TEST DOCTOR

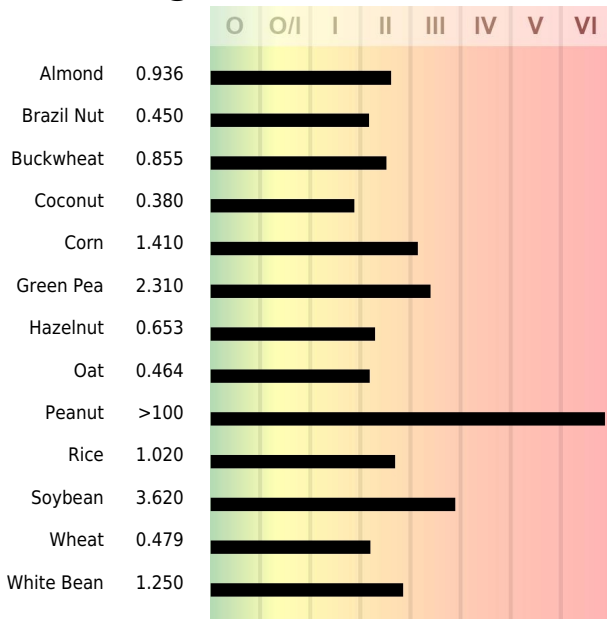
Dairy



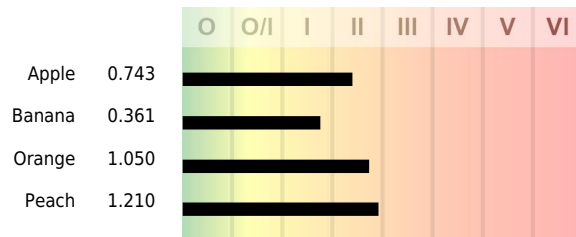
Egg



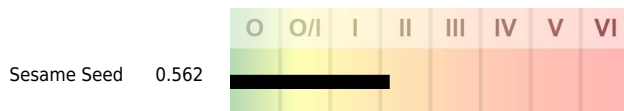
Grains/Legumes/Nuts



Fruits



Miscellaneous



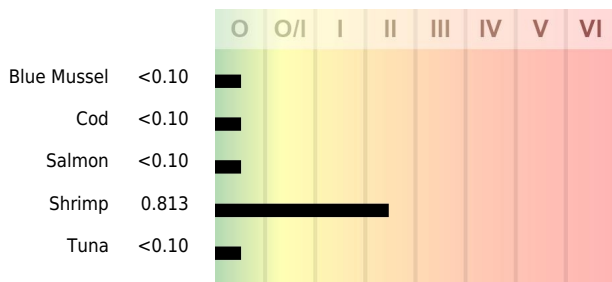
Total IgE*: >1850 IU/mL

Reference Range:

≥10 years: ≤87.0 IU/mL

<10 years: Not available

Fish/Crustacea/Mollusk



Vegetables



Reaction Class

