

Physician:
Patient:
Accession #:
Sex:
Date of Birth:
Collected:

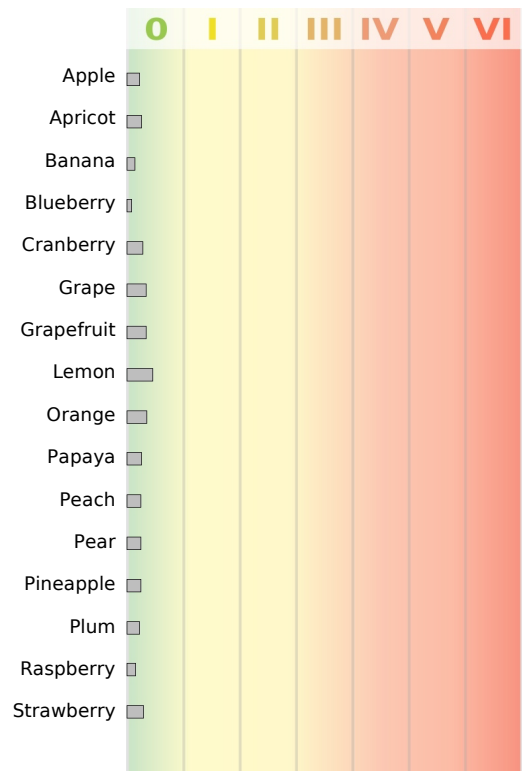
IgG

Dairy

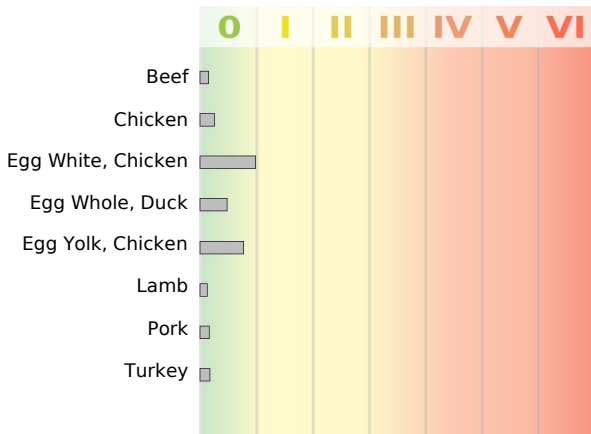
Bovine-derived unless specified



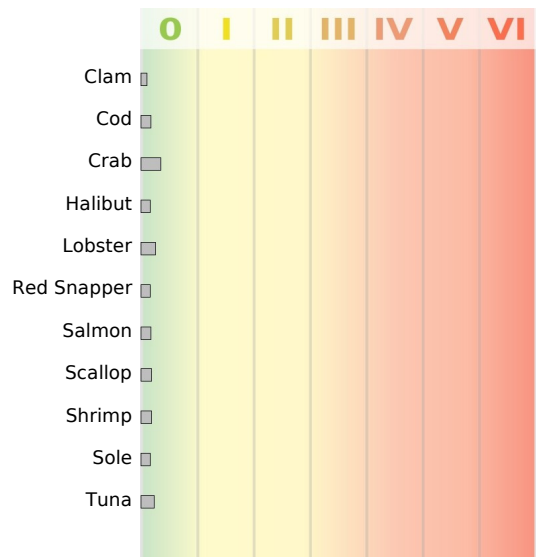
Fruits



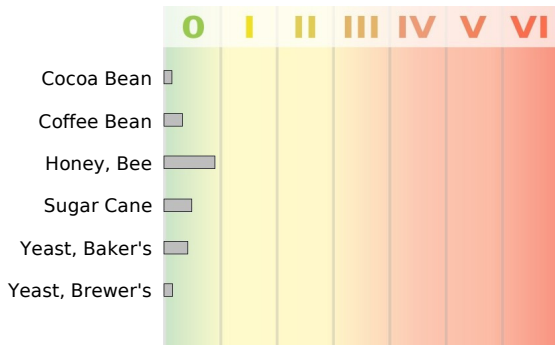
Meat/Fowl



Fish/Crustacea/Mollusk



Misc



Reaction Class

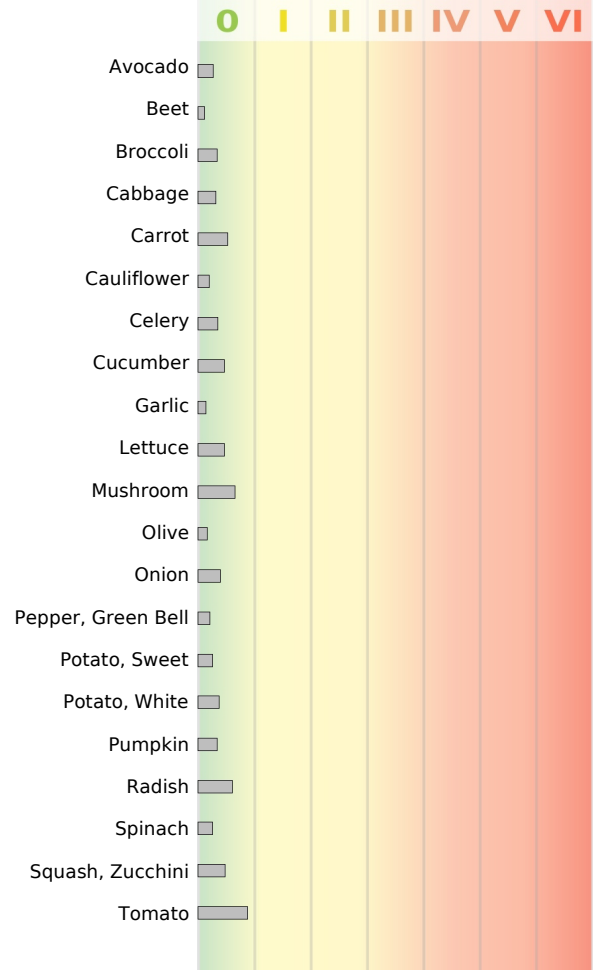
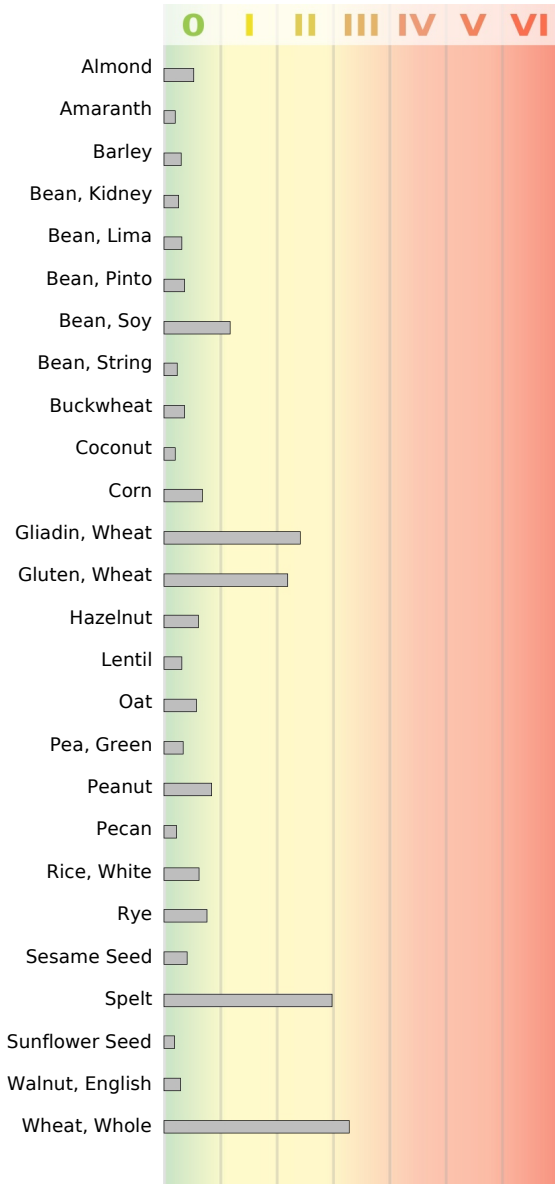


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IgG

Grains/Legumes/Nuts

Vegetables



Reaction Class

