

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

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

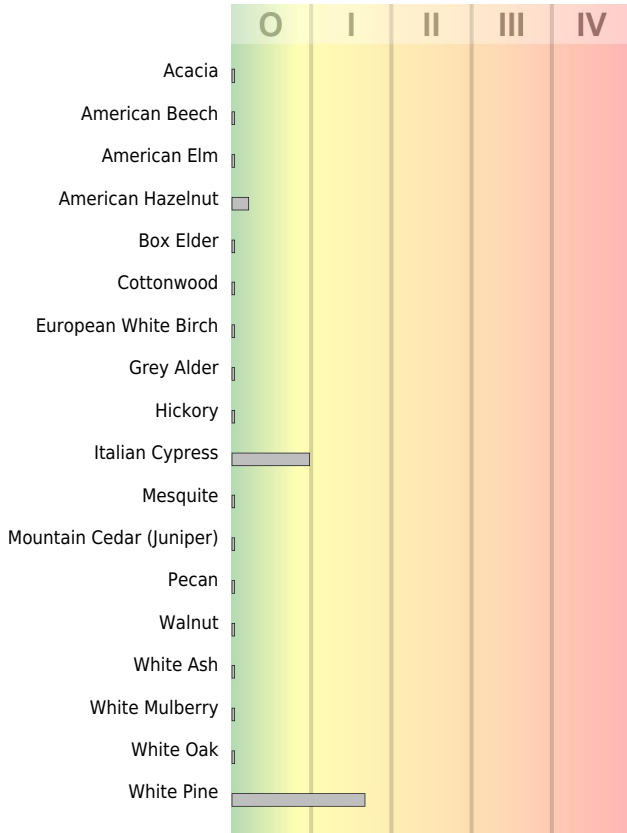
IgG

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

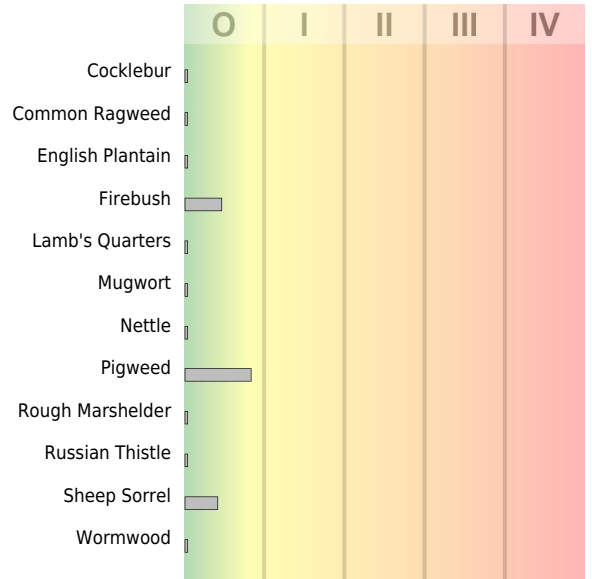
Physician: TEST DOCTOR

CLIA #: 50D0965661
 COLA accredited

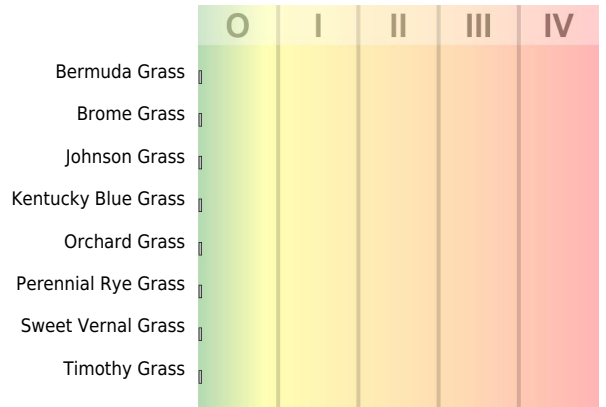
Trees



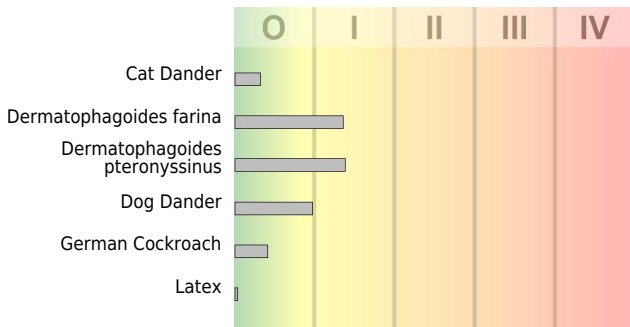
Weeds



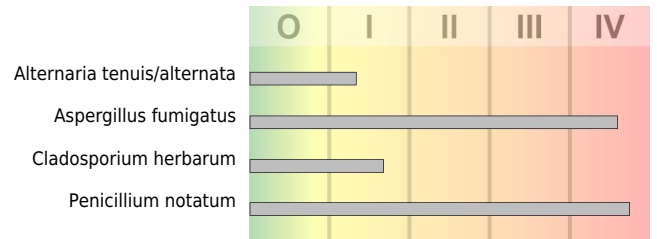
Grasses



Indoor



Molds



Reaction Class

Director: Stephen Markus, MD

	O	I	II	III	IV
IgA (mg/L)	<1.95	≥1.95-3.90	>3.90-15.60	>15.60-29.90	>29.90
IgG (mg/L)	<2.50	≥2.50-5.00	>5.00-20.30	>20.30-47.10	>47.10
IgG4 (mg/L)	<1.20	≥1.20-4.70	>4.70-18.80	>18.80-37.50	>37.50
	Undetected	Low	Moderate	High	Very High