

General Food Panel: IgA/IgG

Complete Report

Physician: Sample Report

Patient: Sex: Age:

Date of Birth:

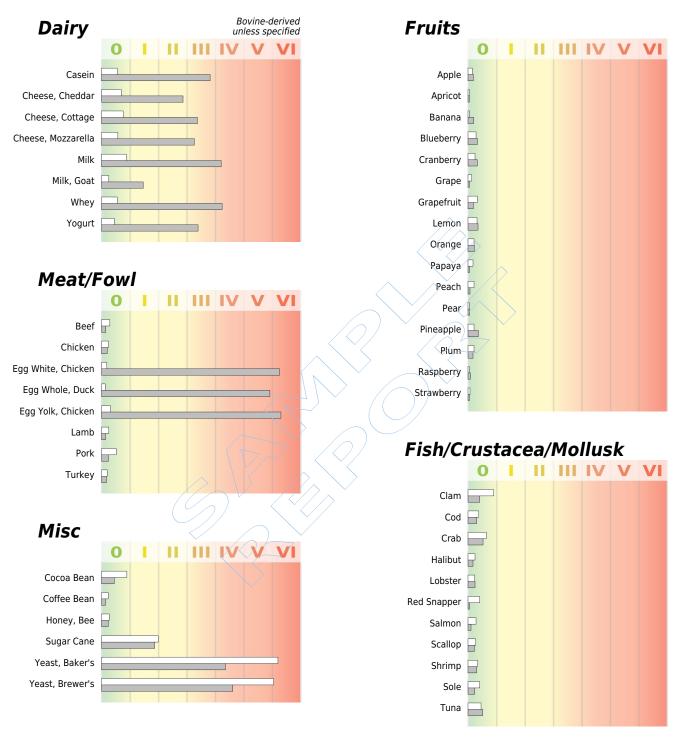
Accession #: 2017000000 **Collected:**

Sample Type: Serum Received: Completed:

16020 Linden Ave North, Shoreline WA 98133, USA



CLIA #: 50D0965661 COLA accredited





General Food Panel: IgA/IgG

Complete Report

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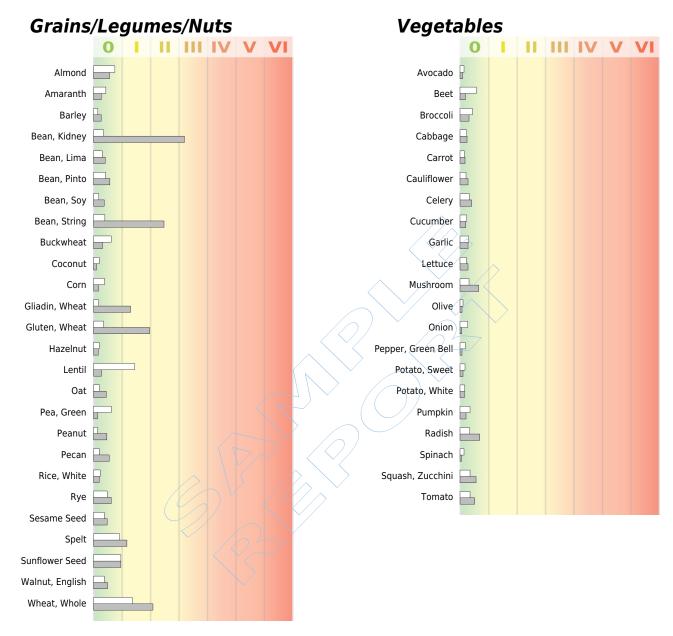
16020 Linden Ave North, Shoreline WA 98133, USA

Date of Birth:

Collected: Received: Completed:

IgA _____ IgG ____

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Very Low

Low

No Reaction

Reaction Class

Moderate

IV
Very High
Extremely High

Director: Stephen Markus, MD



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Sample Type: Serum Date of Birth:

Collected: Received: Completed:

IgA _____

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