

Psyche Systems Coporation

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FINAL REPORT

Patient Information				Submitter Information		
Patient Name: Patient DOB: Patient Sex:	Patient, Test 01/01/2001 M	Patient Age:	22 Years	Group Name: Physician Name: Physician NPI:	Generic Physician Practice Test, Doc 1234567890	
Patient Code:	156695		Specimen I	Physician Fax: nformation	123-456-7890	
Specimen Type: Serum Specimen Collection I		Date: 05/26/2023	Specimen Received Date: 05/26/2023			

Immunology Report

Respiratory	Allergies	(Specific IgE)

<u>Grasses</u>	Result (kU/L)	Interpretation	Summary Of Positives		
Bahia grass	<0.10	Negative	Indoor		
Bermuda grass	<0.10	Negative	Dog dander	High Positive	
Rye grass, perennial <0.10		Negative	Mold	Ŭ	
<u>Indoor</u>				-	
Cat dander	<0.10	Negative	Asperfillus fumigatus	Very High Positive	
Cockroach, German	<0.10	Negative	Cladosporium herbarum	Very High Positive	
D farinae	<0.10	Negative	Penicillium chrysogenum	Very High Positive	
D pteronyssinus	<0.10	Negative	Trees		
Dog dander	11.25	High Positive	Cedar, mountain	Moderate Positive	
Mouse urine	<0.10	Negative	Cottonwood	Low Positive	
<u>Molds</u>			Weeds		
Alternaria alternata	<0.10	Negative	Mugwort	Very High Positive	
Asperfillus fumigatus	25.25	Very High Positive	Thistle, Russian	Very High Positive	
Cladosporium herbarum	21.85	Very High Positive			
Penicillium chrysogenum	35.15	Very High Positive	Total IgE: 320 kU/L		
Trees					
Cedar, mountain	0.75	Moderate Positive	Total IgE Reference Values (kU/L)		
Cottonwood	0.20	Low Positive	Age	Reference Interval	
Elm, American	<0.10	Negative	6-11 Months	<= 34	
Oak, white	<0.10	Negative	1 and 2 Years	<= 97	
Olive tree	<0.10	Negative	3 Years	<= 199	
<u>Weeds</u>			4-6 Years	<= 307	
Mugwort	40.34	Very High Positive	7 and 8 Years	<= 403	
Pigweed, common	<0.10	Negative	9-12 Years	<= 696	
Ragween, common (short)	<0.10	Negative	13-15 Years	<= 629	
Sheep sorrel	<0.10	Negative	16 and 17 Years	<= 537	
Thistle, Russian	>100	Very High Positive	18+ Years	<= 214	

Levels of slgE are relative to an individual patient. Some patients may have low levels of slgE yet experience severe reactions. As in all diagnostic testing, any diagnosis or treatment plan must be made by the clinician based on test results, patient history, and knowledge of the patient.

(End Of Report)