

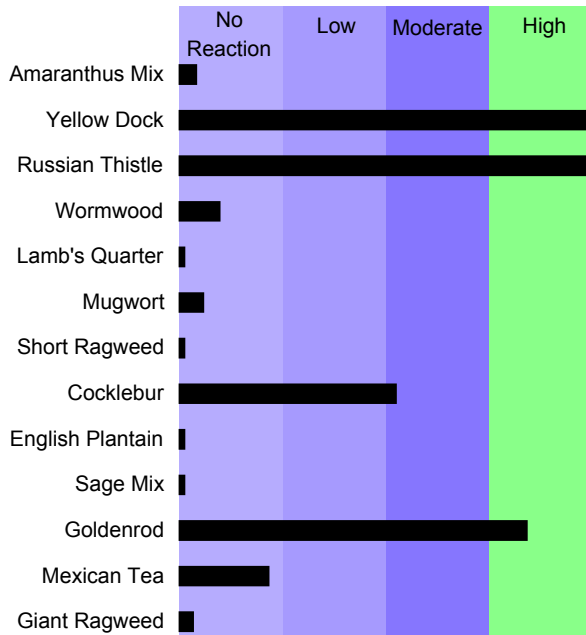
**Physician:** Sample Doctor  
**Patient:** Sample Patient  
**Accession #:** 432345  
**Age:** 38  
**Sex:** F  
**Collected:** 16-Oct-2000

**Received:** 18-Oct-2000

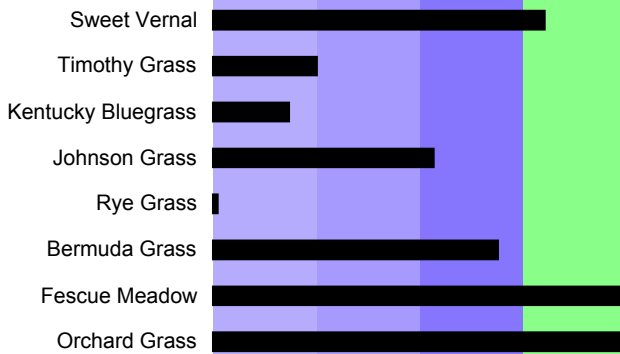
**Completed:** 20-Oct-2000

IgE 

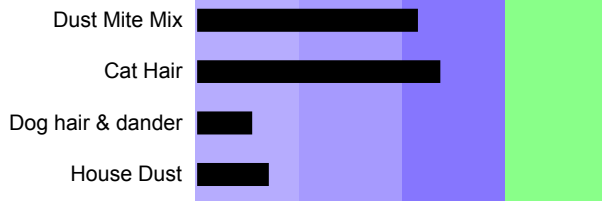
## Weed Pollen



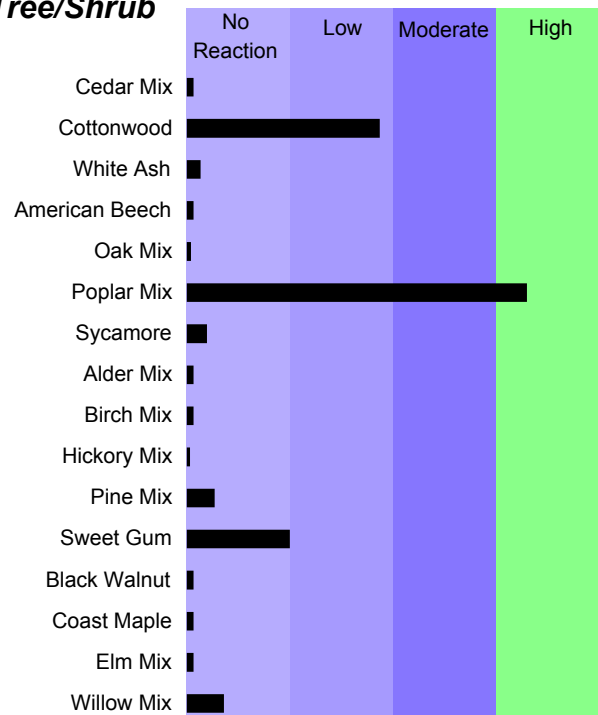
## Grass Pollen



## Misc



## Tree/Shrub



## Fungi

