

**Customer ID:**  
**Requester/Doctor:**

Mr Sample Patient  
ID: SAMPLE PATIENT  
Sample ID:

DOB: 00/00/0000  
00VHL000000

Collection date: 00/00/0000  
Sample received date: 00/00/000 00:00  
Answer report date: 00/00/0000

### Patient Results Report

#### Referral Allergy

Test	Result	Unit	Reference range
Diamine Oxidase Activity	5.0	U/ml	<b>L</b> >10.0
<3: Histamine intolerance indicated			
3-10: Histamine intolerance probable			
>10: Histamine intolerance improbable			

*End of report*