

Patient Information	Specimen Information	Client Information
<b>DOB:</b> Gender: Phone: Patient ID: Health ID:	<b>AGE:</b> Fasting: Specimen: Requisition: Lab Ref #: Collected: Received: Reported:	

**COMMENTS:**

Test Name	In Range	Out Of Range	Reference Range	Lab
T3, FREE	3.0		2.3-4.2 pg/mL	

**PERFORMING SITE:**

Walk-In Lab