

Patient Information	Specimen Information	Client Information
DOB:      AGE: Gender: Phone:      Patient ID: Health ID:	Specimen: Requisition: Lab Ref #:  Collected: Received: Reported:	

**Test Name**

ACTH, PLASMA

**In Range**

9

**Out Of Range****Reference Range**

6-50 pg/mL

**Lab**

Reference range applies only to specimens  
collected between 7am-10am

**PERFORMING SITE:**