

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

## COMMENTS: FASTING:NO

Endocrinology				
Test Name	Result	Reference Range		Lab
ESTRADIOL,ULTRASENSITIVE, LC/MS	131 H	< OR = 29 pg/mL		
This test was developed and its analytical performance Juan Capistrano. It has not been cleared or approved b			Ŭ	

clinical purposes.

Physician Comments:

## **PERFORMING SITE:**