

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

COMMENTS:

Volume:

Test Name	In Range	Out Of Range	Reference Range	Lab
IODINE, 24 HOUR URINE				
TOTAL VOLUME	2500		mL	
IODINE, 24 HOUR URINE	168		70-500 mcg/24H	

PERFORMING SITE: