

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

**COMMENTS:**      FASTING:NO

Test Name	In Range	Out Of Range	Reference Range	Lab
T3, TOTAL	100		76-181 ng/dL	

**PERFORMING SITE:**