

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

Test Name	In Range	Out Of Range	Reference Range	Lab
T4 (THYROXINE), TOTAL	11.1		5.1-11.9 mcg/dL	

PERFORMING SITE: