

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

| Test Name | In Range | Out Of Range | Reference Range | Lab |
|----------------------------------|----------|--------------|-----------------|-----|
| THYROID PEROXIDASE ANTIBODIES | 2 | | <9 IU/mL | |

PERFORMING SITE: