

Specimen ID:  
Control ID:

Acct #: 17452095  
Walk-In Lab, LLC  
VART verified

Phone: (800) 539-6119

Rte: 00

**Patient Details**

DOB:  
Age(y/m/d):  
Gender:  
Patient ID:

**Specimen Details**

Date collected:  
Date received:  
Date entered:  
Date reported:

**Physician Details**

Ordering:  
Referring:  
ID:  
NPI:

**General Comments & Additional Information**  
Alternate Control Number:  
Total Volume: Not Provided

Alternate Patient ID: Fasting:  
No

**Ordered Items**

FSH and LH; Thyroxine (T4) Free, Direct, S; Testosterone, Serum; Progesterone; Estrogens, Total

TESTS	RESULT	FLAG	UNITS	REFERENCE	INTERVAL	LAB
<b>FSH and LH</b>						
LH	0.5		mIU/mL			01
	Adult Female:					
				2.4 -	12.6	
				14.0 -	95.6	
				1.0 -	11.4	
				7.7 -	58.5	
FSH	0.5		mIU/mL			01
	Adult Female:					
				3.5 -	12.5	
				4.7 -	21.5	
				1.7 -	7.7	
				25.8 -	134.8	
<b>Thyroxine (T4) Free, Direct, S</b>						
T4, Free (Direct)	1.09		ng/dL	0.82-1.77		01
<b>Testosterone, Serum</b>						
	35		ng/dL	8-48		01
<b>Progesterone</b>						
	14.1		ng/mL			01
				0.1 -	0.9	
				1.8 -	23.9	
				0.1 -	12.0	
			Pregnant			
			First trimester	11.0 -	44.3	
			Second trimester	25.4 -	83.3	
			Third trimester	58.7 -	214.0	
			Postmenopausal	0.0 -	0.1	
<b>Estrogens, Total</b>						
	633		pg/mL			02
			Prepubertal		<40	
			Female Cycle:			
			1-10 Days	61 -	394	
			11-20 Days	122 -	437	
			21-30 Days	156 -	350	
			Post-Menopausal		<40	



## PatientReport

Patient:  
DOB:

Patient ID:

Control ID:

Specimen ID:  
Date collected:

TESTS	RESULT	FLAG	UNITS	REFERENCE	INTERVAL	LAB
HMG Treatment for Ovulation						
Induction: 400 - 800						

For inquiries, the physician may contact **Branch: 504-828-2666 Lab: 800-631-5250**

Date Issued:

### FINALREPORT

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If you have received this document in error, please call 800-631-5250

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