

Specimen ID:
Control ID:

Acct #:

Phone:

Rte:

**Patient Details**DOB:
Age(y/m/d):
Gender: F SSN:
Patient ID:**Specimen Details**Date collected:
Date received:
Date entered:
Date reported:**Physician Details**Ordering:
Referring:
ID:
NPI:**General Comments & Additional Information****Clinical Info:** NORMAL REPORT**Ordered Items**

17-OH Progesterone LCMS

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
17-OH Progesterone LCMS ^A	60		ng/dL		01
			Adult Female		
			Follicular	15 - 70	
			Luteal	35 - 290	

Comments:

^A This test was developed and its performance characteristics determined by LabCorp. It has not been cleared or approved by the Food and Drug Administration.