



Phone:

Specimen Number	Patient ID	Control Number	Account Number	Account Phone Number	Route
Patient Last Name			Account Address		
Patient First Name		Patient Middle Name			
Patient SS#	Patient Phone	Total Volume			
Age (Y/M/D)	Date of Birth	Sex	Fasting		
Patient Address			Additional Information		
Date and Time Collected	Date Entered	Date and Time Reported	Physician Name	NPI	Physician ID

See 2nd page for sample male results

Estrogens, Total, Venipuncture					
Tests Ordered					

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Estrogens, Total	140		pg/mL		01
			Prepubertal	<40	
			Female Cycle:		
			1-10 Days	61 - 394	
			11-20 Days	122 - 437	
			21-30 Days	156 - 350	
			Post-Menopausal	<40	
			HMG Treatment for Ovulation		
			Induction:	400 - 800	

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FINAL REPORT

Specimen Number	Patient ID	Control Number	Account Number	Account Phone Number	Route
Patient Last Name			Account Address		
Patient First Name		Patient Middle Name			
Patient SS#	Patient Phone	Total Volume			
Age (Y/M/D)	Date of Birth	Sex	Fasting		
Patient Address			Additional Information		
Date and Time Collected	Date Entered	Date and Time Reported	Physician Name	NPI	Physician ID

Tests Ordered					
Estrogens, Total; Blood Drawing					

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Estrogens, Total	89		pg/mL	40 - 115	01

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