

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

Test Name

 FSH
 LH

In Range

 5.3
 3.0

Out Of Range
Reference Range

 1.6-8.0 mIU/mL
 1.5-9.3 mIU/mL

Lab

TP