Patient Report

Ordering Physician:

Patient ID: Age: Specimen ID: Sex:



Ordered Items: Gonadotropin Releasing Hormone

DOB:

Date Collected: Date Received: Date Reported: Fasting:

Gonadotropin Releasing Hormone

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Gonadotropin Releasing Hormone ⁰⁴	<10		pg/mL	
	This test was developed and its performance characteristics determined by LabCorp. It has not been cleared or approved by the Food and Drug Administration. Reference Range: <25		cs	

labcorp Date Created and Stored Final Report