

Patient Information	Specimen Information	Client Information
<b>DOB:</b> <b>AGE:</b> Gender: Phone: Patient ID Health ID	Specimen: Requisition: Lab Ref #:  Collected: Received: Reported:	

**COMMENTS:**
**Volume:** 2500/24

Test Name	In Range	Out Of Range	Reference Range	Lab
IODINE, 24 HOUR URINE				AMD
TOTAL VOLUME	2500		mL	
IODINE, 24 HOUR URINE	168		75-500 mcg/24H	

**PERFORMING SITE:**

AMD QUEST DIAGNOSTICS/NICHOLS CHANTILLY, 14225 NEWBROOK DRIVE, CHANTILLY, VA 20151-2228 Laboratory Director: PATRICK W. MASON,MD,PHD, CLIA: 49D0221801