### Patient Information

**DOB:**

**Gender:**

**Age:**

**Phone:**

**Patient ID:**

**Health ID:**

### Specimen Information

- **Specimen:**
- **Requisition:**
- **Lab Ref #:**
- **Collected:**
- **Received:**
- **Reported:**

### Client Information

### Comments

**Volume:** 2500/24

<table>
<thead>
<tr>
<th>Test Name</th>
<th>In Range</th>
<th>Out Of Range</th>
<th>Reference Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>TOTAL VOLUME</td>
<td>2500 mL</td>
<td></td>
<td>75-500 mcg/24H</td>
</tr>
<tr>
<td>IODINE, 24 HOUR URINE</td>
<td>168 mL</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Performing Site

AMD - QUEST DIAGNOSTICS/NICHOLS CHANTILLY, 14225 NEWBROOK DRIVE, CHANTILLY, VA 20151-2228 Laboratory Director: PATRICK W. MAISON, MD, PHD, CLIA: 49D002188H

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