

Specimen ID:  
Control ID:

Phone:

Rte:



**Patient Details**

DOB:  
Age(y/m/d):  
Gender:      SSN:  
Patient ID:

**Specimen Details**

Date collected:  
Date received:  
Date entered:  
Date reported:

**Physician Details**

Ordering:  
Referring:  
ID:  
NPI:

**General Comments & Additional Information**

Alternate Control Number:  
Total Volume:

Alternate Patient ID:  
Fasting:

**Ordered Items**

Iron and TIBC; Ferritin, Serum; Transferrin ; Hemoglobin

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
<b>Iron and TIBC</b>					
Iron Bind.Cap. (TIBC)	310		ug/dL	250 - 450	
UIBC	219		ug/dL	111 - 343	01
Iron	91		ug/dL	38 - 169	01
Iron Saturation	29		%	15 - 55	
<b>Ferritin, Serum</b>	87		ng/mL	30 - 400	01
<b>Transferrin</b>	258		mg/dL	200 - 370	01
<b>Hemoglobin</b>	15.7		g/dL	13.0 - 17.7	01