

Patient Information	Specimen Information	Client Information
DOB: _____ AGE: _____ Gender: _____ Patient ID: _____ Health ID: _____	Specimen: _____ Collected: _____ Received: _____ Reported: _____	

Test Name	In Range	Out Of Range	Reference Range	Lab
LH	3.9		1.5-9.3 mIU/mL	UL