



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

Test Name	In Range	Out Of Range	Reference Range	Lab
PROGESTERONE	17.9		ng/mL Reference Ranges Female Follicular Phase      < 1.0 Luteal Phase            2.6-21.5 Post menopausal      < 0.5 Pregnancy 1st Trimester            4.1-34.0 2nd Trimester          24.0-76.0 3rd Trimester          52.0-302.0 mIU/mL	QPT
HCG, TOTAL, QN	<5		Reference Range Nonpregnant or premenopausal      <5 Postmenopausal                        <10	QPT

Values from different assay methods may vary.  
 The use of this assay to monitor or to diagnose patients with cancer or any condition unrelated to pregnancy has not been cleared or approved by the FDA or the manufacturer of the assay.