



Patient Information	Specimen Information	Client Information
DOB: AGE: Gender: Phone: Patient ID:	Specimen: Requisition: Lab Ref #: Collected: Received: Reported:	

Test Name PROGESTERONE	Range	Out	Of	Range	Reference Ran	ge	Lab EN
		Reference Ranges			5		
		Female					
				Fo	ollicular Phase	e < 1.0	
				Lu	iteal Phase	2.6-21.5	
				Po	st menopausal	< 0.5	
				Pr	regnancy		
				1s	st Trimester	4.1-34.0	
				2r	nd Trimester	24.0-76.0	
				3r	d Trimester	52.0-302.0	

PERFORMING SITE:

EN QUEST DIAGNOSTICS-WEST HILLS, 8401 FALLBROOK AVENUE, WEST HILLS, CA 91304-3226 Laboratory Director: ENRIQUE TERRAZAS,MD, CLIA: 05D0642827