

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

**COMMENTS:**      FASTING:NO

Test Name	In Range	Out Of Range	Reference Range	Lab
T3, TOTAL	158		76-181 ng/dL	CB

**PERFORMING SITE:**

CB    QUEST DIAGNOSTICS WOOD DALE, 1355 MITTEL BOULEVARD, WOOD DALE, IL 60191-1024 Laboratory Director: ANTHONY V. THOMAS, MD, CLIA: 14D0417052