Patient ID:

DOB:

Patient Report

Specimen ID:

Age: Sex: Ordering Physician:



Ordered Items: Thyroid Panel With TSH; Thyroxine (T4) Free, Direct; Reverse T3, Serum; Thyroid Antibodies; Triiodothyronine (T3), Free; Drawing Fee

Date Collected: Date Received: Date Reported: Fasting: No	
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Thyroid Panel With TSH

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
TSH ⁰¹	1.860		uIU/mL	0.450-4.500
Thyroxine (T4) 01	8.8		ug/dL	4.5-12.0
T3 Uptake ⁰¹	24		%	24-39
Free Thyroxine Index	2.1			1.2-4.9

Thyroxine (T4) Free, Direct

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
T4.Free(Direct) 01	1.25		ng/dL	0.82-1.77

Reverse T3, Serum

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Reverse T3, Serum ^{A, 02}	18.8		ng/dL	9.2-24.1

Thyroid Antibodies

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Thyroid Peroxidase (TPO) Ab 01	19	0	IU/mL	0-34
Thyroglobulin Antibody ⁰¹	<1.0		IU/mL	0.0-0.9
Thyroglobulin Antibody measured by Beckman Coulter Methodology				

Triiodothyronine (T3), Free

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Triiodothyronine (T3), Free 01	3.4		pg/mL	2.0-4.4

Disclaimer

The Previous Result is listed for the most recent test performed by Labcorp in the past 3 years where there is sufficient patient demographic data to match the result to the patient.

Icon Legend

Comments

A: This test was developed and its performance characteristics determined by Labcorp. It has not been cleared or approved by the Food and Drug Administration.

Performing Labs

01: CB - LabCorp Dublin 6370 Wilcox Road, Dublin, OH, 43016-1269 Dir: Vincent Ricchiuti, PhD 02: BN - LabCorp Burlington 1447 York Court, Burlington, NC, 27215-3361 Dir: Sanjai Nagendra, MD For Inquiries, the physician can contact Branch: 800-762-4344 Lab: 800-282-7300

labcorp Date Created and Stored Final Report Page 1 of 2

Patient ID: Specimen ID: DOB:

Patient Report

Ordering Physician:

labcorp

Age: Sex:

Patient Details

Phone: Date of Birth:

Age: Sex:

Patient ID: Alternate Patient ID: **Physician Details**

Request A Test, LTD. 7027 Mill Road Suite 201, BRECKSVILLE, OH, 44141

Phone:

Account Number: Physician ID: NPI: Specimen Details Specimen ID: Control ID:

Alternate Control Number:

Date Collected: Date Received: Date Entered: Date Reported:

Rte:

IabcorpDate Created and StoredFinal Report Page 2 of 2