

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

COMMENTS: FASTING:NO

Test Name	In Range	Out Of Range	Reference Range	Lab
THYROGLOBULIN ANTIBODIES	<1		< or = 1 IU/mL	KS
THYROID PEROXIDASE ANTIBODIES	1		<9 IU/mL	KS