

Patient ID:
Specimen ID:

DOB:
Age:
Sex:

Patient Report

Ordering Physician:



Ordered Items: **Thyroid Panel With TSH; Thyroxine (T4) Free, Direct; Reverse T3, Serum; Triiodothyronine (T3), Free; Venipuncture**

Date Collected:

Date Received:

Date Reported:

Fasting: **Yes**

Thyroid Panel With TSH

| Test | Current Result and Flag | Previous Result and Date | Units | Reference Interval |
|------------------------------|-------------------------|--------------------------|--------|--------------------|
| TSH ⁰¹ | 2.030 | | uIU/mL | 0.450-4.500 |
| Thyroxine (T4) ⁰¹ | 7.4 | | ug/dL | 4.5-12.0 |
| T3 Uptake ⁰¹ | 25 | | % | 24-39 |
| Free Thyroxine Index | 1.9 | | | 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 |

Triiodothyronine (T3), Free

| Test | Current Result and Flag | Previous Result and Date | Units | Reference Interval |
|---|-------------------------|--------------------------|-------|--------------------|
| Triiodothyronine (T3), Free ⁰¹ | 3.3 | | 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

▲ Out of reference range ■ Critical or Alert

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: DV - LabCorp Denver 8490 Upland Drive, Englewood, CO, 80112-7115 Dir: Earle Collum, MD

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: 303-792-2600

DOB:

Patient Report



Patient ID:
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Age:
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Ordering Physician:

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:
Physician ID:
NPI:

Specimen Details

Specimen ID:
Control ID:
Alternate Control Number:
Date Collected:
Date Received:
Date Entered:
Date Reported:
Rte: