

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

Test Name	In Range	Out Of Range	Reference Range	Lab
THYROID PEROXIDASE ANTIBODIES	2		<9 IU/mL	AT