



Phone:

Specimen Number	Patient ID	Control Number	Account Number	Account Phone Number	Route
Patient Last Name			Account Address		
Patient First Name		Patient Middle Name			
Patient SS#	Patient Phone	Total Volume			
Age (Y/M/D)	Date of Birth	Sex	Fasting		
Patient Address			Additional Information		
Date and Time Collected	Date Entered	Date and Time Reported	Physician Name	NPI	Physician ID

Reverse T3, Serum;	Tests Ordered
--------------------	---------------

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
Reverse T3, Serum	20.1		ng/dL	9.2 - 24.1	01

--	--	--	--

FINAL REPORT