Report Status: Final



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

COMMENTS: FASTING:YES

COMMENTO:				
Test Name	In Range	Out Of Range	Reference Range	Lab
IODINE. SERUM/PLASMA	58		52-109 mcg/L	AMD