



Thyroid Evaluation

Doctor ID 3		Patient Name i		
Age 82	Sex M	Date of Birth 8/18/1929	Accession #	Test Code 4258
Date Collected 5/30/2012	Date Received 5/30/2012	Date Reported 6/2/2012	Tech ZT	
Comments				

Doctor Name and Address:

Fax: _____

Phone: _____

Test	Result	Abnormal Result	Reference Range
TSH Result confirmed by repeat analysis	3.7 uIU/mL	Yes - High	0.25-3.0 uIU/mL
FT4	1.2 ng/dL		0.89 - 1.76
FT3	3.2 pg/mL		1.8 - 3.9 pg/mL
rT3 rT3 is reported for investigational use only.	22.89 ng/dL	Yes - High	6.7 - 21.8 ng/dL
Anti-TPO antibody	77.3 IU/mL	Yes - High	<35 IU/mL
Anti-Thyroglobulin	20.9 IU/mL		0-40 IU/mL

*FT4 reference range has been updated according to manufacturer's instruction on their method restandardization.

References: Thyroid Guidelines Committee. AACE clinical practice guidelines for the evaluation and treatment of hyperthyroidism and hypothyroidism. *Endocr Pract.* 1995;1:54-62.