



801 SW 16th St, Suite 126
 Renton, WA 98057
 tel 425.271.8689 • 855.405.TEST (8378)
 fax 425.271.8674

Urinary Thyroid Evaluation

<i>Doctor ID</i> 6055		<i>Patient Name</i> Jane Doe		
<i>Age</i> 65	<i>Sex</i> F	<i>Date of Birth</i>	<i>Accession #</i> 1501	<i>Test Code</i> 4080
<i>Date Collected</i> 9/1/2011	<i>Date Received</i> 9/2/2011	<i>Date Reported</i>	<i>Tech</i>	
<i>Comments</i>				

Doctor Name and Address:

Sample Reports

Fax:

Phone:

Urinary Thyroid	Amount Excreted in ng/24hr		Adult Reference Range ng/24hr
Free T3	0	Low	470 - 1750
Free T4	0	Low	430 - 3200