

Your Laboratory Address Line 1 Your Laboratory Address Line 1

Contact #: +0123987456

www.labtestsguide.com Website:

Patient #:

101 - 108300039

Case #:

0163 - 03 - 21

Patient Name: Patient Name Age/Sex: 55 Years /Male +123456987 Telephone: Address:

Referred By:

Patient Address

Patient Referred from

Receipt Date: 10-Mar-2021 Reporting Date: 12-Mar-2021 Specimen: Brought to the Lab

Lab No: 163

Cons -

THYROID FUNCTION TEST

TEST NAME	Normal Ranges	UNIT	RESULT	RESULT
			11-Mar-2021	12-Mar-2021
T3 (Total Triiodothyronine)	75–195	ng/ml	124.6	132.1
Free T3 (Free Triiodothyronine)	2.30 - 4.20	pg/ml	2.9	2.5

Electronically Verified Report, No Signature(s) Required.

Not valid For any Hon'able Court.

Parhologist 1 **Pathologist Designation**

Pathologist Qualification

Parhologist 2

Pathologist Designation Pathologist Qualification Parhologist 3

Pathologist Designation **Pathologist Qualification** Parhologist 4

Pathologist Designation Pathologist Qualification