

17-Hydroxyprogesterone Test

Patient Name:

Date of Birth:

Gender:

Reason for Test:

Additional Notes:

Ordering Physician:

Contact Information:

Date of the Test:

Laboratory Name:

Laboratory Address:

Laboratory Contact Information:

Specimen Type (Blood: Serum/Plasma, Saliva):

Collection Date and Time:

Results

- Patient's Results:
- Reference Range:

Interpretation

- Within the reference range
- Above the reference range
- Below the reference range

Clinical Implications:

Additional Notes:

Reporting Physician:

Date: