

CA-125 Blood Test

Patient Name: _____

Date of Birth: _____ Gender: _____

Date of Test: _____

Clinical Indication/Reason for Test:

Ordering Physician's Name: _____

Ordering Physician's Contact Information: _____

Ordering Physician's Signature: _____

Laboratory Name: _____

Contact Information: _____

Laboratory Technician's Name and Signature: _____

Patient Name: _____

Specimen Collection Date and Time: _____

Test Results

- CA-125 Level: _____
- Reference Range: _____

Interpretation:

Additional Clinical Notes/Follow-Up Recommendations:

Ordering Physician's Name and Signature: _____