

Calcitonin Test Form

Patient Information:

Name: _____ Date of Birth: _____

Age: _____ Gender: _____ Date of Test: _____

Address: _____

Phone Number: _____ Email: _____

Emergency Contact: _____ Relationship: _____

Medical History:

- Primary Care Physician: _____
- Relevant Medical Conditions: _____
- Current Medications: _____
- Allergies: _____
- Family History of Thyroid Disorders: _____
- Symptoms (if any): _____

Test Overview:

- Ordered By: _____
- Reason for Test: _____
- Clinical Indications: _____
- Reference Range: _____
- Test Method: _____

Test Procedure:

- A trained phlebotomist collected a blood sample from the patient's arm.
- The blood was collected in a tube containing an anticoagulant to prevent clotting.
- The sample was labeled with the patient's name and other relevant information.
- The blood sample was sent to the laboratory for analysis.
- Serum calcitonin levels were measured using [Specify the laboratory technique].
- Results are reported in picograms per milliliter (pg/mL) or nanograms per liter (ng/L).

Findings/Diagnosis:

- Calcitonin Level: _____
- Interpretation:

- Diagnostic Implications: _____
- Additional Tests/Imaging Recommended (if any): _____

Recommendations:

Follow Up:

Provider's Signature: _____ **Date:** _____