

D-Dimer Test

Name:

Date of Birth:

Sex:

Reason for Testing:

Additional Notes:

Physician's Name and Signature

Laboratory Name and Address:

Laboratory's Contact Information:

Date and Time of Specimen Collection:

Additional Notes on the Results:

Laboratory Technician's Name and Signature

RESULTS AND INTERPRETATION

D-dimer Level:

Reference Range:

Interpretation:

Additional Comments:

Referring Physician's Name and Signature

Date: