

# DHEA Blood Test Results

## Laboratory Details

Laboratory Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Information: \_\_\_\_\_

## Patient Information

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_

Date of Test: \_\_\_\_\_

## Test Details

Test Name	Method of Analysis	Sample Type
DHEA Sulfate		

## Test Results

DHEA Sulfate Level: \_\_\_\_\_ mcg/dL

Reference Range: \_\_\_\_\_

## Interpretation of Results

- High
- Normal
- Low
- Abnormal (Specify): \_\_\_\_\_

Note:

## Additional Details

- Follow-up Required
- No Further Action Needed

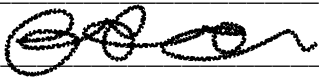
Referral to Specialist

Other (Specify): \_\_\_\_\_

**Comments:**

**Physician/Pathologist Information**

Name: \_\_\_\_\_

Signature:  \_\_\_\_\_

Date: \_\_\_\_\_