

# Haptoglobin Test

Patient information	
Name:	Date of birth:
Age:	Sex:
Contact number:	Email address:
Clinical history	
Test information	
Sample type:	Sample ID:
Collecting date:	Collecting time:
Reporting date:	Reporting time:
Results	
Haptoglobin level:	mg/dL
Reference range	Clinical interpretation
Additional notes	
Laboratory information	
Laboratory technician:	Approved by:
Laboratory name:	Contact number: