

# Hemoglobin Test

## Patient Information

Name:

Date of Birth:

Gender:

Patient ID:

Address:

Phone:

Email:

## Physician Information

Referring Physician:

Clinic/Hospital:

Phone:

Email:

## Test Information

Date of Test:

Time:

Reason for Hemoglobin Test:

## Test Method

- Venous Blood Sample
- Capillary Blood Sample (Fingerstick)
- Heelstick (for infants)

### Patient Preparation

- Fasting Required (If so, specify duration): \_\_\_\_\_
- No special preparation required

### Clinical History

- Anemia
- Polycythemia Vera
- Weakness
- Fatigue
- Shortness of Breath
- Dizziness
- Other (Specify): \_\_\_\_\_

### Additional Testing (if needed)

- Complete Blood Count (CBC)
- Iron Studies
- Vitamin B-12/Folate Levels
- Other (Specify): \_\_\_\_\_

### Results

Hemoglobin Level: \_\_\_\_\_ grams per deciliter (g/dL)

- Normal Range for Men: 13.2 to 16.6 g/dL
- Normal Range for Women: 11.6 to 15 g/dL

**Interpretation of Results:**

**Recommendations/Next Steps:**

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR LAB USE ONLY**

Specimen ID: \_\_\_\_\_

Collector's Name: \_\_\_\_\_

Date/Time Collected: \_\_\_\_\_

Lab Technician: \_\_\_\_\_

Date/Time Received: \_\_\_\_\_

**Laboratory Results:**

Hemoglobin Level: \_\_\_\_\_ g/dL

Test Method: \_\_\_\_\_

Comments/Notes: