Iron Test Report

Patient information				
Name				
Gender		Date of birth		
Date of test		Medical record number		
Clinical history				
Test information				
Sample description:		Sample ID:		
Test method:	Sample collection date	: :	Sample received date:	
Sample details				
Property	Results		Unit	

Test results				
Interpretation				
Recommendations				
Additional notes				
Provider's information				
Ordering physician	Provider's NPI			
Contact information				
A. Loo				
Name and Signature	Date			