LDH Blood Test

Patient Information

- **Name**:
- **Date of Birth**:
- **Medical Record Number**:

Ordering Physician

- **Name:**
- **Address:**
- **Phone Number:**
- **Email:**

Test Information

- **Test Name**:
- **Reason for Test**:
- **Clinical Indications**:
- **Additional Comments/Instructions**:

Patient Preparation

- **Fasting Required:**
  - ☐ Yes
  - ☐ No
- **Special Instruction for fasting:**
- **Medication Considerations**:

Sample Collection

- **Location**:
- **Date/Time**:
- **Phlebotomist/Nurse**:

Laboratory Information

- **Laboratory Contact**:
- **Expected Turnaround Time**:

Result Interpretation

- **Normal LDH Range:**
- **Abnormal Results:**
  - [ ] Elevated
  - [ ] Decreased

Clinical Implications

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Documentation and Reporting

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