

Porphyrin Test Report

Patient information		
Name		
Gender	Date of birth	
Date of test	Medical record number	
Clinical history		
Test information		
Test method:		
Sample source:	Sample ID:	
Test results		
Porphyrin type	Concentration (units)	Reference range
Interpretation		

Recommendations**Additional notes****Provider's information**

Ordering physician

Provider's NPI

Contact information

Name and Signature

Date