

# Progesterone Test Report

## Laboratory/Hospital/Clinic Details

- Name: \_\_\_\_\_
- Address: \_\_\_\_\_
- Phone Number: \_\_\_\_\_
- Website: \_\_\_\_\_

## Patient Details

- Full Name: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_
- Age: \_\_\_\_\_
- Gender: \_\_\_\_\_
- Patient ID: \_\_\_\_\_
- Contact Number: \_\_\_\_\_
- Email Address: \_\_\_\_\_

## Referring Physician

- Name: \_\_\_\_\_
- Specialty: \_\_\_\_\_
- Contact: \_\_\_\_\_

## Test Details

- **Date Sample Received:** \_\_\_\_\_
- **Date of Test:** \_\_\_\_\_
- **Lab Technician:** \_\_\_\_\_

## Indications for Study (e.g., infertility evaluation, ovulation tracking, etc.)

- \_\_\_\_\_
- \_\_\_\_\_

## Test Methodology

- Immunoassay (Specify if Radioimmunoassay, Chemiluminescence, etc.):

## Results

- **Progesterone Level:** \_\_\_\_\_ ng/mL (nanograms per milliliter)

**Reference Range (Typical, but may vary between labs)**

- **Follicular phase:** 0.2 - 1.5 ng/mL
- **Ovulation phase:** 0.8 - 3.0 ng/mL
- **Luteal phase:** 1.7 - 27.0 ng/mL
- **Pregnancy (1st trimester):** 11.0 - 44.3 ng/mL
- **Pregnancy (2nd trimester):** 25.6 - 89.4 ng/mL
- **Pregnancy (3rd trimester):** 48.4 - 425 ng/mL
- **Postmenopausal:** < 0.1 ng/mL

**Interpretation**

- **Within Normal Range:** Progesterone level is within the reference range for the specific phase of the menstrual cycle or stage of pregnancy.
- **Elevated:** Progesterone level is higher than the reference range.
- **Decreased:** Progesterone level is lower than the reference range.

**Comments**

**Recommendations**

Based on the results, further evaluation, and potential additional testing may be recommended. Discuss the results with an endocrinologist, gynecologist, or primary care physician for a comprehensive interpretation and next steps.

**Disclaimer**

The Progesterone test measures the level of progesterone in the blood. Abnormal levels can indicate various conditions, but results must be interpreted in conjunction with clinical findings and other diagnostic evaluations.

**Signature of Lab Technician:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Supervising Pathologist:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Ensure that all details are accurately recorded and always maintain patient confidentiality. It is advised to consult with a healthcare professional regarding the results.