

# T3 Blood Test Template

*Patient Information:*

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Medical Record Number: \_\_\_\_\_

*Date of Test:*

Test Requested: \_\_\_\_\_ Ordered By: \_\_\_\_\_

Healthcare Provider's Name: \_\_\_\_\_

Facility: \_\_\_\_\_ Contact Information: \_\_\_\_\_

**Test Procedure:**

- Specimen: \_\_\_\_\_
- Collection Time: \_\_\_\_\_
- Collection Site: \_\_\_\_\_

**Test Results:**

- T3 Level: \_\_\_\_\_ ng/dL (normal range: 80-200 ng/dL)
- Date of Analysis: \_\_\_\_\_
- Laboratory Reference Range: \_\_\_\_\_

**Interpretation:**

**Additional Information:**

*Healthcare Provider's Signature:* \_\_\_\_\_