

# Thyroxine (T4) Test

**Patient's Name:**

**Date of Birth:**

**Gender:**

**Contact Information:**

**Clinical Indication:**

Routine thyroid function assessment

**Suspected:**

hyperthyroidism       hypothyroidism

Monitoring thyroid disorder

Other: \_\_\_\_\_

**Additional Notes:**

**Patient's Preparation:**

Fasting

None

**Laboratory Instructions:**

T4 Test (Thyroxine) Only

Combined T4 and TSH Test

**Referring Physician's Name and Signature:**

**Request Date:**

**Laboratory Name:**

**Laboratory Address:**

**Laboratory Contact Number:**

**Date and Time of Sample Collection:**

**Test Results**

- T4 (Thyroxine) Levels: \_\_\_\_\_

- T4 Reference Range: \_\_\_\_\_
- TSH (Thyroid-Stimulating Hormone) Levels if tested: \_\_\_\_\_
- TSH Reference Range: \_\_\_\_\_

**Interpretation:**

T4

- Normal T4 Levels
- Elevated T4 Levels
- Reduced T4 Levels

TSH (if tested)

- High TSH Levels
- Low TSH Levels
- Raised TSH Levels

**Additional Notes** (Comments, Instructions, etc.):

**Referring Physician's Name and Signature:**

**Date:**