

Thyroid Antibodies Test

Patient Information:

- Patient Name: _____
- Date of Birth: _____
- Medical Record Number: _____
- Date of Test: _____
- Ordering Physician: _____

Thyroid Antibodies Test Results:

- Thyroid Peroxidase Antibodies (TPOAb): _____ IU/mL
- Thyroglobulin Antibodies (TgAb): _____ IU/mL

Reference Ranges:

- TPOAb Reference Range: _____ IU/mL (Normal: _____ - _____)
- TgAb Reference Range: _____ IU/mL (Normal: _____ - _____)

Interpretation:

- TPOAb Result:
 - Normal
 - Elevated
 - Below Normal
- TgAb Result:
 - Normal
 - Elevated
 - Below Normal

Clinical Assessment:

Recommendations:

Physician's Notes:

Patient Acknowledgment:

I have received and discussed the results and recommendations regarding my Thyroid Antibodies Test with my healthcare provider. I understand the implications and potential need for further evaluation and treatment.

Patient's Signature: _____ *Date:* _____