

# 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:* \_\_\_\_\_