

TIBC Blood Test

Patient Name:

Date of Birth:

Gender:

Address:

Contact Information:

Reason for Test (Clinical Indication):

Special Instructions (if any):

Additional Notes:

Referring Physician's Name and Signature:

Contact Information:

Date of Request:

Laboratory Name:

Laboratory Address:

Laboratory Contact Number:

Test Results:

- **TIBC Value Level:**
- **Reference Range (if available):**

Interpretation:

Recommended Actions:

Follow-up Instructions:

Additional Notes:

Physician's Name and Signature:

Date: