Order for UIBC Blood Test

Patient Information

Name: John Smith

Date of Birth: 05/15/1980

Gender: Male

Address: 123 Main Street, Anytown, USA

Phone: (555) 123-4567

Email: john.smith@email.com

Patient History

Clinical Indication: Suspected iron deficiency anemia

Symptoms: Fatigue, weakness, pallor

Medical History: None of significance

Medications: None

Allergies: None

Test Details

Test Name: Unbound Iron-Binding Capacity (UIBC) Blood Test

Reason for Test: Evaluate iron status due to anemia symptoms

Additional Tests Ordered: Complete Blood Count (CBC)

Special Instructions: Patient to fast for 12 hours before the test

Fasting Required:

☑ Yes

☐ No (12 hours)

Sample Collection

Location: XYZ Diagnostics, 456 Oak Street, Anytown, USA

Date and Time: 11/15/2023, 8:00 AM

Laboratory Information

Preferred Laboratory: XYZ Diagnostics

Address: 456 Oak Street, Anytown, USA

Contact: Dr. Jane Doe

Fax: (555) 987-6543

Results and Reporting

Results to be reported to: Medical Practice

Specify preferred method:

- [ ] Phone
- [x] Email
- [ ] Fax
- [ ] Mail

Expected result delivery time: 3-5 business days

Physician's Information

Physician's Name: Dr. Emily Johnson

Medical License Number: 12345

Contact Information: (555) 555-5555, emily.johnson@email.com

Patient Consent:

I, the undersigned, consent to the Unbound Iron-Binding Capacity (UIBC) Blood Test and any additional tests as indicated. I understand the purpose, potential risks, and benefits of the test, and I authorize the release of the test results to the specified parties.

Patient's Signature: John Smith