

# UIBC Blood Test

Patient information	
Name:	Date of birth:
Gender:	Age:
Address:	
Mailing address:	
Phone:	Email:
Patient history	
Symptoms:	
Medical history	
Medications:	
Allergies:	

Test details				
Reason for test:				
Special instructions:				
Fasting required?                      Yes                      No				
Sample collection				
Location:				
Date and time:				
Laboratory information				
Laboratory name:				
Address:				
Contact:			Fax:	
Results				
Biomarker	Male normal range	Female normal range	Results	Interpretation
Serum iron				
Ferritin				
Transferrin				
Total iron binding capacity (tIBC)				
Transferrin saturation (% sat)				
Unsaturated iron binding capacity				

<b>Results reporting</b>					
Results to be reported to:					
Preferred method:	Phone	Email	Fax	Mail	In person (by appointment)
Expected result delivery time:					
<b>Physician information</b>					
Physician's name:			Medical license number:		
Contact information:					
<b>Patient consent</b>					
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 name:			Signature:		