

## Thyroid Complete

Doctor ID Patient Name							
Age	Sex	Date of Birth	Accession #	Test Code			
Date Co	ollected	Date Received	Date Reporte	d Tech			
Comme	ents						

Doctor Name and Address:

**Reference Range** 

Test	Result	Abnormal Result	
тѕн	0.51 uIU/r	nL	0.25 - 3.0 uIU/mL
Τ4	7.17 ug/dl	-	6.09 -12.23 ug/dl
Т3	155.84 ng/dl	-	87-178 ng/dl
rT3*	8 ng/dl	-	8 - 25 ng/dL
rT3 is reported for investigational us	se only.		
rT3/T3	5.133 %		4 - 32 %
FT3	4.08 pg/m	L Yes - High	2.5 - 3.9 pg/mL
Result confirmed by repeat analysis	3	_	
FT4	0.82 ng/dl	-	0.61 - 1.12 ng/dl
Anti-TPO antibody	< 0.25 IU/m	L	≤ 9 IU/mL
Anti-Thyroglobulin	< 0.9 IU/m	L	< 4.0 IU/mL

**References:** Thyroid Guidelines Committee. AACE clinical practice guidelines for the evaluation and treatment of hyperthyroidism and hypothyroidism. Endocr Pract. 1995;1:54-62.

\*Test performed at Quest Diagnostics