

CLIENT: [REDACTED]  
[REDACTED]

PATIENT NAME [REDACTED]  
BIRTHDATE [REDACTED]  
SEX [REDACTED]  
PHONE NUMBER [REDACTED]  
HEALTH NUMBER [REDACTED]  
REFERENCE NO. [REDACTED]  
PATIENT LOCATION [REDACTED]

ACCESSION NUMBER [REDACTED]

DATE OF SERVICE [REDACTED]  
DATE PRINTED [REDACTED]  
REPORT STATUS **Final**

REQUESTING PHYSICIAN [REDACTED]

Copies sent - Details at end of report.

TEST NAME	RESULT	FLAG	REFERENCE RANGE	UNITS	TEST LOCN.
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Overnight fasting and early morning testing no longer needed for many lipid screening tests.

*PROGESTERONE	32			nmol/L	10
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Test repeated and results confirmed.

Female:

Follicular < 5 nmol/L

Luteal 11 - 81 nmol/L

Mid-Luteal 14 - 89 nmol/L

Post Menopausal < 3 nmol/L

*ESTRADIOL-17 BETA	2316	<b>HI</b>		pmol/L	10
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Adult Female:

Follicular: 70 - 530 pmol/L

Mid-cycle: 235 - 1310 pmol/L

Luteal: 205 - 790 pmol/L

Post Menopausal: < 120 pmol/L

*TOTAL HCG	30799	<b>**</b>		IU/L	10
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Test repeated and results confirmed.

Female (Non pregnant) < 5

Gestational Age:

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< 1 week 5 - 50

1 - 2 weeks 50 - 500

2 - 3 weeks 100 - 5000

3 - 4 weeks 500 - 10,000

4 - 5 weeks 1000 - 50,000

5 - 6 weeks 10,000 - 100,000

6 - 8 weeks 15,000 - 200,000

8 - 12 weeks 10,000 - 100,000

End of Report

Final Report

PND = Pending \* = Not previously acknowledged in i-Lablink ~ = Edited Result

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