

GILEAD MEDICAL AND DENTAL CENTRE

LABORATORY REPORT

Patient Name : **OLIVIA ANAMAN**
Gender / Age : **FEMALE / 65 YEARS**

Sample No : **GM18051002000**
Results Date : **11-MAY-2018**

Consulting Doctor :

Sample Date : **10-MAY-2018**
Specimen : **BLOOD**

DEPARTMENT OF ENDOCRINOLOGY

Investigation	Result	Units	Reference Range
FT3			
FT3	1.18	ng/dL	0.52 – 1.85
Method : CMIA			
FT4			
FT4	6.12	µg/dL	4.8 – 11.6
Method : CMIA			
TSH			
TSH	1.05	µIU/mL	0.45 - 4.5
Method : Ultrasensitive			

*** END OF REPORT ***

Remarks :

SIGNED BY BIOMEDICAL SCIENTIST

Key: BLUE COLOUR-ABNORMAL LOW, RED COLOUR - ABNORMAL HIGH.

All reports need Clinical correlation. Please discuss if needed. Test results relate only to the item tested. No part of the report can be reproduce without permission of the Laboratory.