Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
IMMUNOASSAY
TEST NAME RESULTS UNITS REF. INTERVAL
Free T3 4.41 ng/mL 2.25-3.45
Free T4 0.65 ng/dL 0.60-1.02
TSH 17.40 μIU/ml 0.85-3.43
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