Patient ID : p\_id Name : p\_name Age/Sex : age\_sex
Ref. by : doctor\_ref Lab no : Date : test\_date
IMMUNOASSAY
FERRITIN\*
TEST NAME RESULT UNITS REF. INTERVAL
Serum Ferritin 71 ng/ml Menstruating Females : 3.2-55.6
Non-menstruating Female : 7.3-182.6
NOTE : This test was processed at third party lab.
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