**LABORATORIO**

***PACIENTE******:*** *${name}*

***INDICACIÓN :*** *${indicacion}*

***FECHA*** ***:*** *${date}*

**HORMONAS**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | TSH ULTRASENSIBLE…….. : | | **0.95** uIU/ml | |  |  |  |  |
|  |  |  |  |  | Adultos : | 0.4 - 4.0 | |  |
|  |  |  |  |  | Neonatos : | 1.0 - 39.0 | |  |
|  |  |  |  |  | 2 - 20 Semanas : | 1.7 - 9.1 | |  |
|  |  |  |  |  | 1 - 18 Años : | 0.7 - 6.4 | |  |