Laboratory Test Results

Date: **[Date]**

Patient Name: **[Patient Name]**

Date of Birth: **[Date of Birth]**

Patient ID: **[Patient ID]**

Test Information

Test Name: **[Test Name]**

Specimen Type: **[Specimen Type]**

Date Collected: **[Date Collected]**

Report Date: **[Report Date]**

Findings

Test Component	Result	Reference Range
[Component 1]	[Result 1]	[Reference Range 1]
[Component 2]	[Result 2]	[Reference Range 2]

Comments

[Additional comments regarding test results]

Final Interpretation

[Interpretation of results]

Contact Information

Laboratory Name: **[Laboratory Name]**

Phone: **[Phone Number]**

Email: **[Email Address]**

Thank you for choosing our laboratory for your testing needs.