

Cortisol Test Report

Hospital/Clinic Name:

Address:

Phone:

Website:

Patient Information:

Full Name:

Age:

Gender:

Patient ID:

Address:

Phone:

Date of Birth:

Date of Test:

Referring Physician:

Name:

Specialty:

License/ID Number:

Phone:

Test Details:

Method Used:

Sample Type (e.g., Blood, Saliva):

Time of Collection (e.g., Morning, Afternoon):

Lab Technician:

Results:

Measured Cortisol Level:

(Units: $\mu\text{g/dL}$ or nmol/L)

Reference Range (Typical values, but can vary by lab):

Morning (6-8 a.m.):

Afternoon (around 4 p.m.):

Comments/Interpretation:

Additional Notes:

Certified by:

Name of Lab In-Charge:

Signature:

Date:

Remember, while this template provides comprehensive fields, not all might be relevant to every test or institution, so feel free to tailor it to suit your specific needs.