

# 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:**

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## **Test Details:**

**Method Used:**

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

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

**Lab Technician:**

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## **Results:**

**Measured Cortisol Level:**

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

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

Morning (6-8 a.m.):

Afternoon (around 4 p.m.):

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**Comments/Interpretation:**

**Additional Notes:**

**Certified by:**

**Name of Lab In-Charge:**

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**Signature:**

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**Date:**

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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.