

Pregnancy Test Report

Patient Details

Full Name:

Date of Birth:

Patient ID:

Contact Number:

Address:

Date of Test:

Test Details

Test Type: Home Clinical

Brand/Manufacturer:

Model/Kit Name:

Lot Number:

Expiration Date:

Sample Collection

Time of Sample Collection:

Method: Urine Blood

Last Menstrual Period (if known):

Results

Test Outcome: Positive Negative Invalid

hCG Level (if applicable): mIU/mL

Note: hCG levels below 5 mIU/mL are typically considered negative for pregnancy, while levels above 25 mIU/mL are considered positive. Levels between 5 and 25 mIU/mL may require retesting or further evaluation.

Recommendations
Follow-up Test Date (if needed):
Consultation Recommended (Yes or No):
Consultation Date:
Additional Notes
Medical Professional Details (if applicable)
Name:
License Number:
Contact Number:
Signature:
Date:

Please consult with a healthcare professional for any concerns or if you receive inconsistent results.