

# Pregnancy Test

<b>Patient details</b>
Full name:
Date of birth:
Patient ID:
Contact number:
Address:
Date of test:
<b>Test details</b>
Test type: <input type="checkbox"/> Home <input type="checkbox"/> Clinical
Brand / manufacturer:
Model / kit name:
Lot number:
Expiration date:
<b>Sample collection</b>
Time of sample collection:
Method: <input type="checkbox"/> Urine <input type="checkbox"/> Blood
Last menstrual period (if known):
<b>Results</b>
Test outcome: <input type="checkbox"/> Positive <input type="checkbox"/> Negative <input type="checkbox"/> Invalid
hCG level (if applicable):

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

## Recommendations

Follow-up test date (if needed):

Consultation recommended:     Yes     No

Consultation date:

Additional notes:

## Medical professional details (if applicable)

Name:

License number:

Contact number:

Signature:

Date:

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