

# 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.*

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

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