TSH (Thyroid-Stimulating Hormone) Test Report

Laboratory/Hospital/Clinic Name:
Address:
Phone Number:
Website:
Patient Details
Full Name:
Date of Birth: / / Gender:
Patient ID: Contact Number:
Email Address:
Referring Physician
Name:
Specialty:
Contact:
Test Details:
Date Sample Received: / /
Date of Test: /
Lab Technician:
Indications for Study:

Test Methodology: Immunoassay (Radioimmunoassay or Chemiluminesc	ence)
Results:	
TSH Level: mIU/L (milli-international units per	· liter)
Reference Range (Typical, but may vary between labs	s):
• Adults: 0.4 to 4.0 mIU/L	
Children: (Ranges vary based on age. Refer to lal	boratory-specific pediatric range.)
Interpretation:	
■ Normal: TSH level is within the reference range.	
☐ Elevated: TSH level is higher than the reference r hypothyroidism or other conditions.	range. This could indicate primary
Decreased: TSH level is lower than the reference hyperthyroidism or other conditions.	range. This could indicate primary
Recommendations: Based on the results, further evaluation and potential a may be recommended. Discuss the results with an enfor a comprehensive interpretation and next steps. Comments:	
Disclaimer: The TSH test measures the level of thyroid-stimulating can indicate thyroid dysfunction but must be interprete diagnostic evaluations.	
Signature of Lab Technician:	Date:
Signature of Supervising Pathologist:	Date:

Ensure that all details are accurately recorded and always maintain patient confidentiality.

It is advised to consult with a healthcare professional regarding the results.

Note: This is a general template, and specific details and procedures may vary based on the lab or medical institution's protocols and practices. Always refer to official documentation from accredited institutions.