

Patient Name SAMPLE

Patient Date of Birth dd/mm/yyyy

Test Analysis SAMPLE

**Date Completed** 

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Please note we do not provide medical advice or services. If you have health disorders, medical conditions, or any condition needing medical supervision you should consult your doctor or medical professional. All products and services are provided for educational purposes and research purposes only and are not intended to be a substitute for a proper medical consultation; and the site, services, products and materials may support the relationship between you and your healthcare provider, but are not intended to replace it. They should not be used as a substitute for professional diagnosis and treatment. If you suffer from any health condition you must consult your doctor or medical professional. We do not recommend self-diagnosis or self-medication, and no information within our site or presented by us or our associates may be construed or interpreted as recommending self-diagnosis or self-medication.



PATIENT FIRST NAME :

PATIENT SURNAME:

DATE OF BIRTH:

GENDER:

ADDRESS:

	B	IOCHEMIS	TRY
URINE, SPOT	Result	Range	Units
CREATININE Urine Spot	5.0	5.0 - 13.0	mmol/L
	INTI	EGRATIVE	MEDICIN
URINE, SPOT	Result	Range	Units
URINE IODINE	56		ug/L
Urine lodine Corrected	99.0		ug/gCR

**Urine Iodine Comment** 

Random Urinary Iodine levels are now expressed as ug Iodine/g Creatinine (to correct for urine concentration), with the following reference ranges;

Normal Iodine Level: >100 ug Iodine/g Creatinine Mild Deficiency: 51 - 100 ug Iodine/g Creatinine Moderate to severe deficiency: <50 ug Iodine/g Creatinine.

Tests ordered: UCR,UR-IODINE,IMPEI,uIodEx