

LAB No. :

## LABORATORY REPORT

Date Received :  
Referring Laboratory :  
Provider No. :

Result    Units    ▼ Ref.Range

**Urinary Iodine**

**103.4**    ug/L

Result Interpretation:

<20 ug/L Severe IDD  
20-49 ug/L Moderate IDD  
50-99 ug/L Mild IDD  
>100 ug/L No deficiency