

**Department of Biochemistry/Biotechnology
National Institute of Communicable Diseases
22-Shamnath Marg, Delhi – 110054**

Thyroid Function Test

OPD _____
WARD _____

Name _____ Age _____ Sex _____

Dr. Incharge _____

Clinical History:

Treatment, if any _____

Previous Reports, with date

T₃ _____ T₄ _____ TSH _____

Diagnosis _____

Clinician

Investigation Report

TRIODOTHYRONINE

T₃ _____

THYROXINE

T₄ _____

THYROID STIMULATING HORMONE

TSH _____

BIOCHEMIST