Alpha-Fetoprotein (AFP) Test

I. PATIENT INFORMATION:

Full Name: _____ Date of Birth: _____ dd / mm / yyyy

Age: _____ Gender: _____

Patient ID: _____ Date of Test: _____ dd / mm / yyyy

Referring Physician: _____

II. TEST PROCEDURE:

The AFP test involves drawing a blood sample from the patient. The blood sample is then sent to a laboratory, where the AFP levels are measured using specialized assays.

Procedure Details:

Sample Type: _____ Method: _____

Volume: _____ Location: _____

III. FINDINGS

III. Findings

IV. RECOMMENDATIONS

IV. Recommendations

V. FOLLOW UP

V. Follow Up