

Patient Information	Specimen Information	Client Information
<b>DOB:</b> <b>AGE:</b> Gender: Phone: Patient ID: Health ID:	Specimen: Requisition: Lab Ref #: Collected: Received: Reported:	

**COMMENTS:**      FASTING:

Test Name	In Range	Out Of Range	Reference Range	Lab
BETA 2 MICROGLOBULIN (U)	<0.08		< OR = 0.23 mg/L	SLI