



| Patient Information                                    |                  | Specimen Information   | Client Information |
|--|------------------|--|--------------------|
| DOB:<br>Gender:<br>Phone:<br>Patient ID:<br>Health ID: | AGE:<br>Fasting: | Specimen: Requisition: Lab Ref #: Collected: Received: Reported: |                    |

## COMMENTS:

## Volume:

| Test Name CALCIUM, 24 HOUR URINE (W/O CREATININE) | In Range                                  | Out Of Range | Reference Range | <b>Lab</b><br>TP |
|---|---|--------------|-----------------|------------------|
| CALCIUM, 24 HOUR URINE                            | 220<br>Reference Range<br>Low calcium die |              | mg/24 h         |                  |
| Volume:   | 3800/24                                   |              |                 |                  |

## PERFORMING SITE:

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