

Patient Information	Specimen Information	Client Information
DOB: Gender: Phone: Patient ID:	AGE: Fasting: Specimen: Requisition: Lab Ref #: Collected: Received: Reported:	

COMMENTS: FASTING:

Test Name	In Range	Out Of Range	Reference Range	Lab
CREATINE KINASE, TOTAL	68		29-143 U/L	EN

PERFORMING SITE:

EN QUEST DIAGNOSTICS-WEST HILLS, 8401 FALLBROOK AVENUE, WEST HILLS, CA 91304-3226 Laboratory Director: TAB TOOCHINDA,MD, CLIA: 05D0642827