

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

COMMENTS:

Test Name	In Range	Out Of Range	Reference Range	Lab
CREATININE	0.65		0.50-1.10 mg/dL	
eGFR NON-AFR. AMERICAN	123		> OR = 60 mL/min/1.73m2	
eGFR AFRICAN AMERICAN	143		> OR = 60 mL/min/1.73m2	

PERFORMING SITE: