

Patient ID:  
Specimen ID:

DOB:  
Age:  
Sex:

## Patient Report

Ordering Physician:



Ordered Items: **Magnesium, Urine**

Date Collected:	Date Received:	Date Reported:	Fasting:
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### General Comments & Additional Information

Clinical Info:  
Total Volume: 2350 ml

### Magnesium, Urine

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Magnesium, U <sup>03</sup>	5.9		mg/dL	Not Estab.
Magnesium,Urine 24hr	138.7		mg/24 hr	12.0-293.0