





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

**COMMENTS:** FASTING:

Test Name	In Range	Out Of Range	Reference Range	Lab
PREALBUMIN	24		17-34 mg/dL	OHO