



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

COMMENTS: FASTING:  
Urine Volume (mL) / Duration (HR): 3000/24

Test Name	In Range	Out Of Range	Reference Range	Lab
PROTEIN, TOTAL AND PROTEIN ELECTROPHORESIS, URINE				
PROTEIN, TOTAL W/CREAT,				
24 HOUR URINE CREATININE,	1.08			
24 HOUR URINE PROTEIN/	111			
CREATININE RATIO PROTEIN/	0.111			
CREATININE RATIO PROTEIN,	120			
TOTAL, 24 HR UR				
ELECTROPHORESIS (U)				
ALBUMIN	100		%	
ALPHA-1-GLOBULINS	0		%	
ALPHA-2-GLOBULINS	0		%	
BETA GLOBULINS	0		%	
GAMMA GLOBULINS	0		%	
INTERPRETATION				
Normal Pattern				