

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

COMMENTS: FASTING: YES

Test Name	In Range	Out Of Range	Reference Range	Lab
PROTEIN, TOTAL W/CREAT, RANDOM URINE				MI
CREATININE, RANDOM URINE	97		20-320 mg/dL	
PROTEIN/CREATININE RATIO	52		21-161 mg/g creat	
PROTEIN, TOTAL, RANDOM UR	5		5-24 mg/dL	