

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

COMMENTS:
Urine Volume (mL) / Duration (HR): 2050/24

Test Name	In Range	Out Of Range	Reference Range	Lab
SODIUM W/O CREATININE, 24 HOUR URINE				AT
SODIUM, 24 HOUR URINE	133		52-380 mmol/24 h	
Urine Volume (mL) / Duration (HR):			2050/24	

PERFORMING SITE: