



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): 2550/24

Test Name	In Range	Out Of Range	Reference Range	Lab
UREA NITROGEN, 24 HOUR				
URINE (W/O CREATININE)				
UREA NITROGEN, 24 HR UR	12		6-17 g/24 h	
Urine Volume (mL) / Duration (HR):			2550/24	