



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

**COMMENTS:**

**Urine Volume (mL) / Duration (HR):** 3275/24

Test Name	In Range	Out Of Range	Reference Range	Lab
URIC ACID, 24 HOUR URINE (W/CREATININE)				KS
URIC ACID/CREAT RATIO	419		90-730 mg/g creat	
URIC ACID, 24 HOUR URINE	590		65-630 mg/24 h	
CREATININE, 24 HOUR URINE	1.41		0.50-2.15 g/24 h	KS

**PERFORMING SITE:**

KS    QUEST DIAGNOSTICS LENEXA, 10101 RENNER BLVD, LENEXA, KS 66219-9752 Laboratory Director: WILLIAM BECKER, DO, MPH, CLIA: 17D0648226