

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

COMMENTS:

Volume:

Test Name	In Range	Out Of Range	Reference Range	Lab
PROTEIN, TOTAL, 24 HOUR URINE (W/O CREATININE) PROTEIN, TOTAL, 24 HR UR Volume:	84		<150 mg/24 h	

PERFORMING SITE: