

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

Urine Volume (mL) / Duration (HR):
Reference Range
Test Name
In Range
Out Of Range
Lab

CREATININE, 24 HOUR URINE

1.25

0.50-2.15 g/24 h

PERFORMING SITE: