

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

Urine Volume (mL) / Duration (HR):

Trine 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:

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