

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

COMMENTS: FASTING:NO

Test Name	In Range	Out Of Range	Reference Range	Lab
PREALBUMIN		8 L	21-43 mg/dL	

PERFORMING SITE:

Walk-In Lab