

Patient Information	Specimen Information	Client Information
<b>DOB:</b> Gender: Phone: Patient ID:	<b>AGE:</b> 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:	84 700/24		<150 mg/24 h	

**PERFORMING SITE:**