

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
ANGIOTENSIN-1-CONVERTING ENZYME		71 H	9-67 U/L	

PERFORMING SITE: