

Specimen ID:  
Control ID:

Acct #:

Phone:

Rte:

**Patient Details**DOB:  
Age(y/m/d):  
Gender:      SSN:  
Patient ID:**Specimen Details**Date collected:  
Date received:  
Date entered:  
Date reported:**Physician Details**Ordering:  
Referring:  
ID:  
NPI:**General Comments & Additional Information**

Alternate Control Number:

Alternate Patient ID:

**Ordered Items**

TESTS	RESULT	FLAG	UNITS	REFERENCE INTERVAL	LAB
<b>Calcium/Creatinine Ratio</b>					
Calcium, Urine	2.5		mg/dL	Not Estab.	
Creatinine, Urine	40.7		mg/dL	Not Estab.	
Calcium/Creat.Ratio	61		mg/g creat	0 - 260	

For inquiries, the physician may contact **Branch: 504-828-2666 Lab: 206-861-7000**