

**LABORATORY - LIVER AND RENAL FUNCTION TESTS
PARTIAL CHEMISTRIES**

FORM L5

ID LABEL
HERE --->

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VISIT #:

FORM COMPLETED BY:

VERSION DATE: 04/01/03

ANY MISSING OR INCOMPLETE TEST RESULTS MUST BE EXPLAINED ON THIS FORM.

A1. ARE TEST RESULTS AVAILABLE?

- Yes..... 1 (A2)
- No, Sample Inadequate..... 2 (END)
- No, Other Reason 3

_____ (END)
(SPECIFY)

A2. DATE SAMPLE DRAWN:

____ / ____ / ____
M D Y

- a. SGOT (AST) | | | | (IU/L or U/L or MU/ML)
- b. SGPT (ALT) | | | | (IU/L or U/L or MU/ML)
- c. ALK. PHOS. | | | | (IU/L or U/L)
- d. Albumin | | | . | (gm/dl)
- e. BUN | | | | (mg/dl)
- f. Creatinine | | | . | (mg/dl)
- g. Bilirubin (total) | | | . | (mg/dl)
- h. GGT | | | | (U/L)