

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

FORM L5

ID LABEL
HERE --->

_	-	_ _	-	_ _ _ _	-	_
---	---	-----	---	---------	---	---

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)