

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

FORM L5

ID LABEL
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VISIT #:

FORM COMPLETED BY:

VERSION DATE: 04/01/06

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:

____ / ____ / ____
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- | | | | |
|----|---------------------------|-----------|------------------------|
| a. | SGOT (AST) | _ _ _ _ | (IU/L or U/L or MU/ML) |
| | i. *Upper Limit of normal | _ _ _ _ | (IU/L or U/L or MU/ML) |
| b. | SGPT (ALT) | _ _ _ _ | (IU/L or U/L or MU/ML) |
| | i. *Upper Limit of normal | _ _ _ _ | (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) |

*The upper limits of normal for AST and ALT are based on the original reports from the laboratory.