

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

FORM L5

ID LABEL
HERE --->

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VISIT #:
_ _ _

FORM COMPLETED BY:
_ _ _ _ _

VERSION DATE: 08/15/94

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 |_|_|_|_| (IU/L or U/L or MU/ML)
- b. SGPT |_|_|_|_| (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)