

**LABORATORY - LIVER AND RENAL FUNCTION TESTS  
PARTIAL CHEMISTRIES  
FORM L5**

ID LABEL HERE ---> |\_| - |\_|\_| - |\_|\_|\_|\_|\_| - |\_|

VISIT #: \_\_\_\_\_ FORM COMPLETED BY: \_\_\_\_\_

VERSION DATE: **10/01/09**

**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) |
|    | 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)                  |
| i. | Calcium (total)           | _ _ .  _   | (mg/dL)                |
| j. | Phosphate (if available)  | _ .  _     | (mmol/L)               |

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