



RAJIV GANDHI PRADHIKARI VIGNIVAIYALAYA HOSPITAL
 UNIVERSITY OF TECHNOLOGY FOR WOMEN & CHILDREN

LABORATORY REPORT

No. of Lab: _____ Date of Report: _____ Date of Test: _____
 Name: _____ Address: _____ Section: _____
 Ref. No.: _____ Ref. Date: _____ Ref. Time: _____
 Ref. Name: _____ Ref. Address: _____ Ref. Section: _____

Sl. No.	Specimen	Reference Range			Patient's Result		
		Unit	Normal	Abnormal	Unit	Normal	Abnormal
01/01	Urea Nitrogen (Urea)	mg/dl	10-20	20-30	mg/dl	10-20	20-30
02/01	Creatinine	mg/dl	0.6-1.2	1.3-2.0	mg/dl	0.6-1.2	1.3-2.0
03/01	BUN/Cr Ratio		10-20	15-30		10-20	15-30
04/01	Urea Nitrogen (Urea)	mg/dl	10-20	20-30	mg/dl	10-20	20-30
05/01	Creatinine	mg/dl	0.6-1.2	1.3-2.0	mg/dl	0.6-1.2	1.3-2.0
06/01	BUN/Cr Ratio		10-20	15-30		10-20	15-30

By: _____ Date: _____ Signature: _____
 Name: _____ Address: _____ Section: _____

Doctor: _____ Date: _____ Signature: _____
 Name: _____ Address: _____ Section: _____