


Ammonia Levels Test Report

Patient information	
Name	Date of birth
Medical record number	Date of test
Ordering physician	Hospital/facility
Test performed by	
Clinical history	
Reason for procedure	
Specimen information	
Specimen type	Specimen collection date and type
Specimen source	
Test methodology	
Test method	Reference range

Results	
Ammonia level	Interpretation
Comments	
Physician's interpretation	
Physician's name	Date
Interpretation	
Quality control	
Control used	Results of control tests
Laboratory information	
Laboratory name	Contact information
Address	
Additional notes	
	
Signature	Date of report