

# BNP Test Report

## Patient information

Name:

Date of birth:

Gender:

Medical record number:

Reason for testing:

Relevant medical history:

## Test results

Date of sample collection:

ID:

Technique used:

Equipment or kit used:

Quality control:

BNP level:

Reference range:

**Interpretation and comments****Recommendations****Additional notes****Ordering physician information**

Name:

Date: