

BNP Test Report

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

A handwritten signature in black ink, appearing to be 'C. A. S.', is written across the middle of the form.

Name of ordering physician

Date