

# BNP Test Report

Name	Date of birth
Gender	Medical record number
Reason for testing	
Relevant medical history	
<b>Test results</b>	
Date of sample collection	ID
Technique used	Equipment or kit used
Quality control	
BNP level	Reference range
<b>Interpretation and comments</b>	
<b>Recommendations</b>	

**Additional notes**

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<b>Name of ordering physician</b>	<b>Date</b>