

BUN (Blood Urea Nitrogen) Test

PATIENT INFORMATION

Name: _____ Date of Birth: _____

Medical Record Number: _____

Specimen Collection

- **Date of Collection:**
- **Time of Collection:**
- **Sample Source (e.g., venous blood):**

Specimen Handling

- **Label the specimen with the patient's name, date, and other identifiers.**
- **Store the specimen at the recommended temperature until analysis.**

BUN Test Request

- **Reason for the BUN Test:**
- **Clinical Indications:**
- **Additional Comments/Notes:**

Results:

- **BUN Level:** _____ mg/dL
- **Reference Range:** _____ mg/dL
- **Date of Report:** _____

Interpretation

- Normal BUN Level (7-20 mg/dL):** BUN within this range indicates typical kidney function.
- Elevated BUN Levels:** Possible causes include kidney dysfunction, dehydration, a high protein diet, or certain medications.
- Low BUN Levels:** Possible causes include severe liver disease, malnutrition, or overhydration.

Clinical Decision

If necessary, consider further diagnostic or treatment steps based on the BUN test results.

Based on the elevated BUN level, further investigation is warranted. We will perform additional renal function tests, including creatinine and a urinalysis, to assess kidney health and diagnose the underlying cause of the elevated BUN.

Provider's Signature: _____ **Date:** _____