

Blood Urea Nitrogen (BUN) Test Report

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| Patient information | |
| Name: | Date of birth: |
| Age: | Sex: |
| Contact number: | Email address: |
| Clinical history | |
| | |
| Test information | |
| Sample type: | Sample ID: |
| Collecting date: | Collecting time: |
| Reporting date: | Reporting time: |
| Results | |
| BUN level: _____ mg/dL | |
| Reference range: | |
| | |
| Clinical interpretation | |
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| Additional notes | |
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| Laboratory information | |
| Laboratory technician: | Approved by: |
| Laboratory name: | Contact number: |