

C-Reactive Protein (CRP) Test

Patient information	
Name:	Date of birth:
Gender:	Date of assessment:
Contact information:	
Patient history:	
Test details	
Reason for test	
Suspected infection	
Pregnancy monitoring (premature rupture membranes)	
Monitoring treatment response	
Cardiovascular risk assessment (hs-CRP)	
Inflammation-related illness Specify:	
Remarks	
Blood sample collection	
Location:	
Date:	Time:
CRP test results	
CRP level (mg/L):	
Interpretation:	

Reference values (note: normal values may vary among laboratories)

Overall findings

Additional notes

Healthcare professional information

Name:

License ID number:

Signature:

Date of assessment: