

# CMP Blood Test

## *Patient Information*

- Patient Name:
- Date of Birth:
- Contact Information:
- Medical Record Number:
- Ordering Physician:

## *Test Details*

- Test Requested:
- Reason for the Test:
- Fasting Required:
- Date and Time of Blood Collection:

## *Preparation Instructions*

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## *Blood Collection*

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## *Laboratory Information*

- Laboratory Name:
- Address:
- Phone Number:

### ***Result Interpretation***

- Normal Ranges:
  - Glucose:
  - Electrolytes:
    - Sodium:
    - Potassium:
    - Chloride:
  - Calcium:
  - BUN:
  - Creatinine:
  - Carbon Dioxide (CO<sub>2</sub>):
  - Total Protein:
  - Albumin:
  - Total Bilirubin:
  - Alkaline Phosphatase:
  - AST (Aspartate Aminotransferase):
  - ALT (Alanine Aminotransferase):

### ***Result Reporting***

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### ***Follow-up***

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