

Comprehensive Metabolic Panel

Patient Name:

Date of Birth:

Gender:

Contact Information:

Healthcare Provider Information (if available):

Clinical Indications:

- Routine checkup
- Evaluate liver and kidney function
- Monitor medical conditions
- Symptoms related to liver, kidney, metabolism problems
- Other: _____

Current Medication/s (if any):

Known Allergies (if any):

Special Instructions:

- Fasting 12 hours before the test
- Other instructions: _____

Additional Notes/Information:

Laboratory Name:

Laboratory Address:

Laboratory Contact Information:

Test Results

1. Glucose

- Result:
- Reference Range:
- Interpretation:
 - Normal
 - Abnormal

2. Calcium

- Result:
- Reference Range:
- Interpretation:
 - Normal
 - Abnormal

3. Sodium

- Result:
- Reference Range:
- Interpretation:
 - Normal
 - Abnormal

4. Potassium

- Result:
- Reference Range:
- Interpretation:
 - Normal
 - Abnormal

5. Bicarbonate

- Result:
- Reference Range:
- Interpretation:
 - Normal
 - Abnormal

6. Chloride

- Result:
- Reference Range:
- Interpretation:
 - Normal
 - Abnormal

7. Blood Urea Nitrogen (BUN)

- Result:
- Reference Range:
- Interpretation:
 - Normal
 - Abnormal

8. Creatinine:

- Result:
- Reference Range:
- Interpretation:
 - Normal
 - Abnormal

9. Albumin

- Result:
- Reference Range:
- Interpretation:
 - Normal
 - Abnormal

10. Total Protein

- Result:
- Reference Range:
- Interpretation:
 - Normal
 - Abnormal

11. Alkaline Phosphatase (ALP)

- Result:
- Reference Range:
- Interpretation:
 - Normal
 - Abnormal

12. Alanine Aminotransferase (ALT):

- Result:
- Reference Range:
- Interpretation:
 - Normal
 - Abnormal

13. Aspartate Aminotransferase (AST):

- Result:
- Reference Range:
- Interpretation:
 - Normal
 - Abnormal

14. Bilirubin

- Result:
- Reference Range:
- Interpretation:
 - Normal
 - Abnormal

Summary and/or Interpretation:

Additional Notes:

Ordering Physician's Name and Signature:

Date: