

Creatinine Test Request

Date of Request: _____

Patient's Name: _____

Patient's Date of Birth: _____ Patient's Sex: _____

Clinical Diagnosis/Reason for Request:

Additional Clinical Notes: _____

Referring Physician's Name and Signature:

Laboratory Name and Address: _____

Laboratory's Contact Information: _____

Date and Time of Specimen Collection: _____

Specimen Type Collected:

Blood Culture

Urine Culture

Additional Notes on the Results:

Laboratory Technician's Name and Signature:

RESULTS AND INTERPRETATION

Creatinine Level: _____

Reference Range: _____

Interpretation (Optional):

Additional Comments:

Referring Physician's Name and Signature:

Date: _____