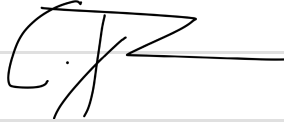


Total Protein Test Report

Name	Date of birth
Gender	Medical record number
Reason for testing	
Relevant medical history	
Test results	
Date of sample collection	ID
Total protein levels	Reference range
Interpretation and comments	
Recommendations	

Additional notes

A handwritten signature in black ink, consisting of a stylized 'C' followed by a vertical line and a horizontal line extending to the right.

Name of ordering physician

Date