

Your Laboratory Address Line 1 Your Laboratory Address Line 1

Contact #: +0123987456

Website: www.labtestsguide.com

Patient #:

101 - 108300039

Patient Address

Case #:

0163 - 03 - 21

Patient Name: Patient Name Age/Sex: 55 Years /Male +123456987 Telephone:

Address:

Referred By:

Reporting Date: Specimen:

Receipt Date:

10-Mar-2021 12-Mar-2021

Brought to the Lab

Lab No:

163

Cons -

ALBUMIN TO CREATININE RATIO (ACR)

Patient Referred from

TEST NAME	Normal Ranges	UNIT	RESULT	RESULT
			11-Mar-2021	12-Mar-2021
Albumin (Urine)	Upto 35	mg/L	24.6	32.1
Creatinine (Urine)	24 - 293	mg/L	23	49
Albumin : Creatinine Ratio	< 30.0	Mg/L	32	38

Electronically Verified Report, No Signature(s) Required.

Not valid For any Hon'able Court.

Parhologist 1 Pathologist Designation Pathologist Qualification

Parhologist 2 Pathologist Designation **Pathologist Qualification** Parhologist 3 Pathologist Designation **Pathologist Qualification**

Parhologist 4 Pathologist Designation Pathologist Qualification