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Site Number

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Subject Number

**Form LB - Local Processing****1 LB - Local Processing**

1.1	Laboratory Name	<b>LBNAM</b>			
1.2	Was the sample collected?	<input type="radio"/> [N] No <b>LBPERF</b> <input type="radio"/> [Y] Yes			
1.3	Collection Date (DD-MMM-YYYY)	<b>LBDAT</b>			
1.4	Collection Time (24 hour clock)	<b>LBTIM</b>			
1.5	Was the subject fasting?	<input type="radio"/> [N] No <b>LBFAST</b> <input type="radio"/> [Y] Yes			
<b>Alkaline Phosphatase</b> <b>ALPU_LBORRES</b>		<b>Alkaline Phosphatase Units</b> <b>ALPU_LBORRESU</b>	<b>Normal Range Lower Limit</b> <b>LBORNRL0</b>	<b>Normal Range Upper Limit</b> <b>LBORNRI</b>	<b>Was this result clinically significant?</b>
		<input type="radio"/> [IU/L] IU/L <input type="radio"/> [U/L] U/L <input type="radio"/> [ukat/L] ukat/L <input type="radio"/> [umol/s/L] umol/s/L			<input type="radio"/> [N] No <input type="radio"/> [Y] Yes <b>LBCLSIG</b>
<b>Calcium</b> <b>CA_LBORRES</b>		<b>Calcium Units</b> <b>CA_LBORRESU</b>	<b>Normal Range Lower Limit</b> <b>LBORNRL0</b>	<b>Normal Range Upper Limit</b> <b>LBORNRI</b>	<b>Was this result clinically significant?</b>
		<input type="radio"/> [mg/dL] mg/dL <input type="radio"/> [mEq/L] mEq/L <input type="radio"/> [mg/L] mg/L <input type="radio"/> [mmol/L] mmol/L			<input type="radio"/> [N] No <input type="radio"/> [Y] Yes <b>LBCLSIG</b>