Form LB - Local Processing

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1.1	Laboratory Name	*LBNAM*
1.2	Was the sample collected?	⃝ [N] No ⃝ [Y] Yes *LBPERF*
1.3	Collection Date (DD-MMM-YYYY)	|___|___|___|___|___|___|___|___|___| *LBDAT*
1.4	Collection Time (24 hour clock)	|___|___|___|___| *LBTIM*
1.5	Was the subject fasting?	⃝ [N] No ⃝ [Y] Yes *LBFAST*

Alkaline Phosphatase *ALPU_LBORRES*	Alkaline Phosphatase Units *ALPU_LBORRESU*	Normal Range Lower Limit *LBORNRLO*	Normal Range Upper Limit *LBORNRHI*	Was this result clinically significant? *LBCLSIG*
	⃝ [IU/L] IU/L ⃝ [U/L] U/L ⃝ [ukat/L] ukat/L ⃝ [umol/s/L] umol/s/L			⃝ [N] No ⃝ [Y] Yes

Calcium *CA_LBORRES*	Calcium Units *CA_LBORRESU*	Normal Range Lower Limit *LBORNRLO*	Normal Range Upper Limit *LBORNRHI*	Was this result clinically significant? *LBCLSIG*
	⃝ [mg/dL] mg/dL ⃝ [mEq/L] mEq/L ⃝ [mg/L] mg/L ⃝ [mmol/L] mmol/L			⃝ [N] No ⃝ [Y] Yes