FORM E: SCREENING BLOOD CHEMISTRY PROFILE

PATIENT ID#: ____ ____ ____

PATIENT INITIALS: ____ ____ ____

LAB: _____

Center: _____

Form completed by: _____

Date of assessment: __ __/__ __/__ __ __ __

BLOOD CHEMISTRY	Value	Comments
1. Glucose mg/dL		
2. BUN mg/dL		
3. Creatinine mg/dL		
4. Sodium mEq/L		
5. Potassium mEq/L		
6. Chloride mEq/L		
7. CO2 mEq/L		
8. Magnesium mEq/L		
9. Calcium mg/dL		
10. Phosphorus mg/dL		
11. Total protein g/dL		
12. Albumin g/dL		
13. Globulin g/dL		
14. Total bilirubin mg/dL		
15. Alkaline phosphatase U/L		
16. LDH U/L		
17. GGT U/L		
18. AST U/L		
19. ALT U/L		