## **Uric Acid Test**

Patient name:		Date of birth:	
Contact information:		Gender:	
Medical history (if applicable)			
Physician's name:			
Physician's signature:	Date:		
Sample collected	Normal range		
	Ма	le	Female
Blood	2.5 to 7.0 mg/dL		1.5 to 6.0 mg/dL
	3.5 to 7.2 mg/dL (in general)		
Urine	250 to 750 mg/24 hours (1.48 to 4.43 mmol/24 hours)		
Note: Normal values may vary among laboratories. Consider conducting additional diagnostic tests or evaluations as needed to confirm the patient's condition based on their results.			
Type of sample collected			
Blood		Urine	
Patient's results:			
Remarks			

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