C-REACTIVE PROTEIN (CRP)

Patient's name _____ Patient ID _____

Age and sex _____ Referred by _____

Sample **Serum** Collected _____

Received _____ Reported _____

RESULT

Test	Result	Unit	Normal range
C-reactive protein (CRP)		mg/L	*Your lab's range*

Method _____

Notes

END OF REPORT

Technician
Name and signature

Pathologist
Name, degree, registration number and signature

Before you use this format

- [ ] **Add your lab's details**
  In Word, type your lab's name, address and phone over the words at the top, and add your logo. On paper, print on your letterhead.

- [ ] **Fill in your ranges**
  Write the normal ranges your pathologist has checked for your lab's method and reagents, for each age group and sex where they differ.

- [ ] **Check the units**
  Use the units your lab reports in, and keep them the same on every report.

- [ ] **Have your pathologist check it**
  Have your pathologist check the whole format before you use it for any patient.

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