Patient Name:	Referred By:
Age / Sex:	Date:
Investigations:	Daily Case Number:
Patient ID:	

LIPID PROFILE

TEST	VALUE	UNIT	REFERENCE
Total Cholesterol		mg/dl	125 - 200
Triglycerides		mg/dl	25 - 200
HDL Cholesterol		mg/dl	35 - 80
LDL Cholesterol (Calculated)		mg/dl	85 - 130
VLDL Cholesterol (Calculated)		mg/dl	5 - 40
LDL / HDL (Calculated)			1.5 - 3.5
Total Cholesterol / HDL (Calculated)			3.5 - 5
TG / HDL (Calculated)			
Non-HDL cholesterol (Calculated)			

Note: Please proofread the reference ranges given here and make changes as needed. The ones not given vary with the patient's age. Labsmart is not responsible for any mismatch in values.

~~~ End of report ~~~

| Dr    |                |
|-------|----------------|
| MBBS. | MD Pathologist |