**LABORATORIO**

***PACIENTE******:*** *${name}*

***INDICACIÓN :*** *${indicacion}*

***FECHA*** ***:*** *${date}*

**PROTEINURIA - 24 HORAS -**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | VOLUMEN DE ORINA …………. : | | **0.0.** | Ml |  |  |  |  |  |
|  | ALBUMINA ……………………………. : | | **0.0** | mg% |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | ALBUMINA EN ORINA 24 HORAS : | | **0.00** | mg/24 h. | |  |  |  |  |
|  | ALBUMINA EN ORINA 24 HORAS: | | **0.00** | gr/24 h. | | V.N. : hasta 0.15 gr/24 h. | | | |