

ANIMATE

NORMAL RANGES

Date : - -

NR 1/2

Site: _____

Name of Laboratory*: _____

**To avoid queries, the Laboratory name should be written exactly the same way on all forms.*

Investigation	Male		Female <small>(Complete ONLY for those investigations for which the female normal ranges are different from the male normal ranges)</small>	
	Lower Normal Limit	Upper Normal Limit	Lower Normal Limit	Upper Normal Limit
Haematology				
Haemoglobin (g/L)				
Platelet (x10 ⁹ /L)				
ANC (x10 ⁹ /L)				
ALC (x10 ⁹ /L)				
WBC (x10 ⁹ /L)				
Biochemistry				
Sodium (mmol/L)				
Potassium (mmol/L)				
Urea (mmol/L)				
Creatinine (µmol/L)				
Magnesium (mmol/L)				
Calcium (mmol/L)				
Urate (mmol/L)				
Albumin (g/L)				
Bilirubin (µmol/L)				
Alk. Phosphatase (IU/L)				
AST (IU/L)				
ALT (IU/L)				
LDH (IU/L)				
Glucose (mmol/L)				
Amylase (IU/L)				
Lipase (IU/L)				
ACTH (ng/L)				

ANIMATE

NORMAL RANGES

NR 2/2

Investigation	Male		Female <i>(Complete ONLY for those investigations for which the female normal ranges are different from the male normal ranges)</i>	
	Lower Normal Limit	Upper Normal Limit	Lower Normal Limit	Upper Normal Limit
Biochemistry (continued)				
TSH (mIU/L)				
Free T3 (pmol/L)				
Free T4 (pmol/L)				

CRF sign-off

Name (please print): _____

Signature: _____

Date: - -

Site: _____

Fax or e-mail completed form to:
020 7679 9861
ctc.animate@ucl.ac.uk

Ensure any updates to your trust normal ranges are provided to UCL CTC as soon as possible.
Please keep a photocopy for your records.

For UCL CTC use only: Date Checked: _____ Initials: _____ Date entered: _____ Initials: _____

