

Patient ID:
Specimen ID:

DOB:
Age:
Sex:

Patient Report

Ordering Physician:



Ordered Items: **Carbohydrate Deficient Transf.; Drawing Fee**

| | | | |
|-----------------|----------------|----------------|--------------------|
| Date Collected: | Date Received: | Date Reported: | Fasting: No |
|-----------------|----------------|----------------|--------------------|

Carbohydrate Deficient Transf.

| Test | Current Result and Flag | Previous Result and Date | Units | Reference Interval |
|-------------------|-------------------------|--------------------------|-------|--------------------|
| CDT ⁰¹ | 0.9 | | % | 0.0-1.3 |

| | | | |
|--|--|--------------|-----------|
| | | Normal | <1.4 |
| | | Inconclusive | 1.4 - 1.6 |
| | | Elevated | >1.6 |
| Clinical use only. Not specific for medico-legal purposes. This test is not suitable for the evaluation of patients suspected of having congenital glycosylation disorders. | | | |

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|--|--|
| Comment ⁰¹ | |
| A Carbohydrate Deficient Transferrin (CDT) result <1.4% is considered to be normal and is consistent with low or no alcohol use during the previous two weeks. | |

Disclaimer
The Previous Result is listed for the most recent test performed by Labcorp in the past 3 years where there is sufficient patient demographic data to match the result to the patient.

Icon Legend
▲ Out of reference range ■ Critical or Alert

Performing Labs

| | | |
|--|---|---|
| Patient Details Phone: Date of Birth: Age: Sex: Patient ID: Alternate Patient ID: | Physician Details Request A Test 7027 Mill Road Suite 201, BRECKSVILLE, OH, 44141 Phone: 888-732-2348 Physician ID: NPI: | Specimen Details Specimen ID: Control ID: Alternate Control Number: Date Collected: Date Received: Date Entered: Date Reported: Rte: |
|--|---|---|