

Patient ID:  
Specimen ID:

DOB:  
Age:  
Sex:

## Patient Report

Ordering Physician:



Ordered Items: **Ceruloplasmin; Drawing Fee**

Date Collected:                      Date Received:                      Date Reported:                      Fasting: **No**

### Ceruloplasmin

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Ceruloplasmin <sup>01</sup>	21.4		mg/dL	16.0-31.0

#### Disclaimer

The Previous Result is listed for the most recent test performed by Labcorp in the past 5 years where there is sufficient patient demographic data to match the result to the patient. Results from certain tests are excluded from the Previous Result display.

#### 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: