

DOB:

## Patient Report



Patient ID: Specimen ID:

Age:

Sex:

Ordered Items: **Iron and TIBC; Ceruloplasmin; Ferritin; Transferrin; Magnesium, RBC; Venipuncture**

Date Collected:	Date Received:	Date Reported:	Fasting:
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**Iron and TIBC**

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Iron Bind.Cap.(TIBC)	280		ug/dL	250-450
UIBC <sup>01</sup>	234		ug/dL	111-343
Iron <sup>01</sup>	46		ug/dL	38-169
Iron Saturation	16		%	15-55

**Ceruloplasmin**

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

**Ferritin**

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
<b>Ferritin<sup>01</sup></b>	53		ng/mL	16-124

**Transferrin**

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Transferrin <sup>01</sup>	242		mg/dL	177-329

**Magnesium, RBC**

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Magnesium, RBC <sup>A,02</sup>	4.3		mg/dL	4.2-6.8

**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

**Comments**

A: This test was developed and its performance characteristics determined by Labcorp. It has not been cleared or approved by the Food and Drug Administration.

**Performing Labs**

Patient ID:                   DOB:  
Specimen ID:               Age:  
                                     Sex:

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Patient Details

Phone:  
Date of Birth:  
Age:  
Sex:  
Patient ID:  
Alternate Patient ID:

Physician Details

**Request A Test, LTD.**  
**7027 Mill Road Suite 201, BRECKSVILLE, OH,**  
**44141**

Phone:

Physician ID:  
NPI:

Specimen Details

Specimen ID:  
Control ID:  
Alternate Control Number:  
Date Collected:  
Date Received:  
Date Entered:  
Date Reported:  
Rte: