

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

Patient Report



Ordered Items: **Calcitriol(1,25 di-OH Vit D); Vitamin D, 25-Hydroxy; Ceruloplasmin; Copper, Serum or Plasma; Zinc, Plasma or Serum; Calcium, Ionized, Serum; Magnesium, RBC; Venipuncture**

Date Collected: Date Received: Date Reported: Fasting:

Calcitriol(1,25 di-OH Vit D)

| Test | Current Result and Flag | Previous Result and Date | Units | Reference Interval |
|---|-------------------------|--------------------------|-------|--------------------|
| Calcitriol(1,25 di-OH Vit D) ⁰¹ | 63.6 | | pg/mL | 19.9-79.3 |
| **Effective June 6, 2022 Calcitriol(1,25 di-OH Vit D)** reference interval will be changing to: pg/mL 0 - 6 months: 44.3 - 212.9 7 months - 1 year: 40.3 - 112.4 >1 year: 24.8 - 81.5 | | | | |

Vitamin D, 25-Hydroxy

| Test | Current Result and Flag | Previous Result and Date | Units | Reference Interval |
|---|-------------------------|--------------------------|-------|--------------------|
| Vitamin D, 25-Hydroxy ⁰¹ | 44.4 | | ng/mL | 30.0-100.0 |
| Vitamin D deficiency has been defined by the Institute of Medicine and an Endocrine Society practice guideline as a level of serum 25-OH vitamin D less than 20 ng/mL (1,2). The Endocrine Society went on to further define vitamin D insufficiency as a level between 21 and 29 ng/mL (1,2). Institute of Medicine). 2010. Dietary reference intakes for calcium and D. Washington DC: The National Academies Press. 2. Holick MF, Binkley NC, Bischoff-Ferrari HA, et al. Evaluation, treatment, and prevention of vitamin D deficiency: an Endocrine Society clinical practice guideline. JCEM. 2011 Jul; 96(7):1911-30. | | | | |

Ceruloplasmin

| Test | Current Result and Flag | Previous Result and Date | Units | Reference Interval |
|-----------------------------|-------------------------|--------------------------|-------|--------------------|
| Ceruloplasmin ⁰¹ | 22.7 | | mg/dL | 16.0-31.0 |

Copper, Serum or Plasma

| Test | Current Result and Flag | Previous Result and Date | Units | Reference Interval |
|--|-------------------------|--------------------------|-------|--------------------|
| Copper, Serum or Plasma ^{A, 02} | 103 | | ug/dL | 69-132 |
| Detection Limit = 5 | | | | |

Zinc, Plasma or Serum

| Test | Current Result and Flag | Previous Result and Date | Units | Reference Interval |
|--|-------------------------|--------------------------|-------|--------------------|
| Zinc, Plasma or Serum ^{A, 02} | 84 | | ug/dL | 44-115 |
| Detection Limit = 5 | | | | |

Calcium, Ionized, Serum

| Test | Current Result and Flag | Previous Result and Date | Units | Reference Interval |
|--|-------------------------|--------------------------|-------|--------------------|
| Calcium, Ionized, Serum ⁰¹ | 5.1 | | mg/dL | 4.5-5.6 |
| **Please note reference interval and unit change** | | | | |

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Magnesium, RBC

| Test | Current Result and Flag | Previous Result and Date | Units | Reference Interval |
|--------------------------------|-------------------------|--------------------------|-------|--------------------|
| Magnesium, RBC ^{B,03} | 5.2 | | 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.
B: 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 Details | Physician Details | Specimen Details |
|--|---|--|
| Phone: Date of Birth: Age: Sex: Patient ID: Alternate Patient ID: | Request A Test, LTD. 7027 Mill Road Suite 201, BRECKSVILLE, OH, 44141 Phone: Physician ID: NPI: | Specimen ID: Control ID: Alternate Control Number: Date Collected: Date Received: Date Entered: Date Reported: Rte: |