

Patient ID:  
Specimen ID

DOB:  
Age:  
Sex: |

**Patient Report**  
Ordering Physician:



Ordered Items: **Prealbumin; Blood Drawing**

|                 |                |                |          |
|-----------------|----------------|----------------|----------|
| Date Collected: | Date Received: | Date Reported: | Fasting: |
|-----------------|----------------|----------------|----------|

**General Comments & Additional Information**

A courtesy copy of this report has been sent to the patient.

**Prealbumin**

| Test                     | Current Result and Flag | Previous Result and Date | Units | Reference Interval |
|--------------------------|-------------------------|--------------------------|-------|--------------------|
| Prealbumin <sup>01</sup> | 19                      |                          | mg/dL | 14-35              |

**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.