

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

Patient Report



Ordered Items: **Protein Electro.,S; Drawing Fee**

Date Collected:	Date Received:	Date Reported:	Fasting:
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Protein Electro.,S

Test	Current Result and Flag	Previous Result and Date	Units	Reference Interval
Protein, Total <sup>01</sup>	7.1		g/dL	6.0-8.5
Albumin <sup>01</sup>	4.3		g/dL	2.9-4.4
Alpha-1-Globulin <sup>01</sup>	0.2		g/dL	0.0-0.4
Alpha-2-Globulin <sup>01</sup>	0.5		g/dL	0.4-1.0
Beta Globulin <sup>01</sup>	0.8		g/dL	0.7-1.3
Gamma Globulin <sup>01</sup>	1.3		g/dL	0.4-1.8
M-Spike <sup>01</sup>	Not Observed		g/dL	Not Observed
Globulin, Total	2.8		g/dL	2.2-3.9
A/G Ratio	1.5			0.7-1.7
Please note: <sup>01</sup>	Protein electrophoresis scan will follow via computer, mail, or courier delivery.			
PDF <sup>01</sup>	.			

**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

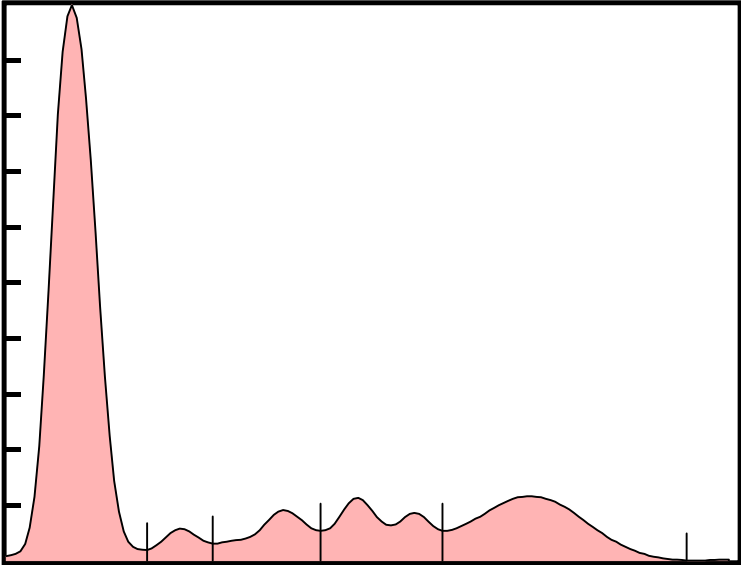
PatientDetails	Physician Details	Specimen Details
Phone:	<b>Request A Test, LTD.</b>	Specimen ID:
Date of Birth:	<b>7027 Mill Road Suite 201, BRECKSVILLE, OH, 44141</b>	Control ID:
Age:		Alternate Control Number:
Sex:	Phone:	Date Collected:
Patient ID:	Physician ID:	Date Received:
Alternate Patient ID:	NPI:	Date Entered:
		Date Reported:
		Rte:

Serum Protein Electrophoresis

Split BetaSerum Proteins Gel Sample

Accession Number  
Patient Name  
Total Protein  
Birthdate  
Account No./Name

Physician ID  
Account Address 1  
Account Address 2  
Account Address 3  
  
7027 Mill Road Suite 201  
BRECKSVILLE, OH 44141



Fraction	%	g/dl	g/dl Range	
Albumin	60.5	4.3	2.9 to	4.4
Alpha 1	3.2	0.2	0.0 to	0.4
Alpha 2	7.4	0.5	0.4 to	1.0
Beta	11.1	0.8	0.7 to	1.3
Gamma	17.8	1.3	0.4 to	1.8
Total Protein		7.1	6.0 to	8.5

Ratio	
A/G	1.5

Comments