



Report Status: Final

Patient Information	Specimen Information	Client Information
DOB: AGE: Gender: Phone: Patient ID:	Specimen: Requisition: Lab Ref #: Collected: Received: Reported:	* 2 * 7 * 7 * 7
Test Name	In Range Out Of Ran	nge Reference Range Lak

 CERULOPLASMIN
 30
 18-36 mg/dL

 COPPER
 122
 70-175 mcg/dL

## PERFORMING SITE: