

Ceruloplasmin Test

Patient Information:

Name:

Date of Birth:

Medical Record Number:

Address:

Phone Number:

Ordering Physician:

Name:

Contact Information:

Test Information:

Test Name: Ceruloplasmin Test

Sample Type: Blood

Date Sample Collected:

Date Test Conducted:

Date Results Released:

Test Results:

Ceruloplasmin Level:

Reference Range: (Normal range is typically 15-60 mg/dL, but this can vary depending on the laboratory.)

Interpretation:

- Normal: Ceruloplasmin level is within the normal reference range.
- Elevated: Ceruloplasmin level is higher than the normal reference range. Further investigation may be necessary.
- Decreased: Ceruloplasmin level is lower than the normal reference range. Further investigation may be necessary.

Notes/Comments:

Next Steps/ Recommendations:

Contact Information:

Laboratory Name:

Address:

Phone Number:

Email:

This template can be printed and filled out by hand, or the information can be typed in digitally as needed.