

# 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:**

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**Contact Information:**

Laboratory Name:

Address:

Phone Number:

Email:

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