



### Biochemistries - Procedural Labs

Patient ID: \_\_\_ - \_\_\_ - \_\_\_

Date of sample (mm/dd/yy): \_\_\_ / \_\_\_ / \_\_\_

Time of sample (24 hr.): \_\_\_:\_\_\_

Time-point (if applicable):  8 Week  6 Month  12 Month

Procedural Labs	Units	Time (if different from above)	Normal Range (LLN-ULN)	Not Done
1. Acetaminophen Level _____	<input type="checkbox"/> mg/dL <input type="checkbox"/> µg/dL <input type="checkbox"/> µg/mL <input type="checkbox"/> µmol/L	___:___		<input type="checkbox"/>
2. Alpha-fetoprotein _____	ng/mL or µg/L	___:___		<input type="checkbox"/>
3. Amylase _____	IU/L	___:___		<input type="checkbox"/>
4. Ceruloplasmin _____	<input type="checkbox"/> mg/dL <input type="checkbox"/> mg/L	___:___		<input type="checkbox"/>
5. Cortisol _____	<input type="checkbox"/> µg/dL <input type="checkbox"/> µg/mL <input type="checkbox"/> nmol/L	___:___		<input type="checkbox"/>
6. Factor V _____	<input type="checkbox"/> % <input type="checkbox"/> IU/mL	___:___		<input type="checkbox"/>
7. Factor VII _____	<input type="checkbox"/> % <input type="checkbox"/> IU/mL	___:___		<input type="checkbox"/>
8. Ferritin _____	ng/mL or µg/L	___:___	___-___	<input type="checkbox"/>
9. Lipase _____	U/L	___:___		<input type="checkbox"/>
10. Triglycerides _____	<input type="checkbox"/> mg/dL <input type="checkbox"/> mmol/L	___:___		<input type="checkbox"/>
11. Serum copper _____	<input type="checkbox"/> µg/dL <input type="checkbox"/> µg/mL <input type="checkbox"/> µmol/L	___:___		<input type="checkbox"/>
12. Urine copper _____	<input type="checkbox"/> µg/24 hr <input type="checkbox"/> µmol/d	___:___		<input type="checkbox"/>
13. Urine creatinine _____	<input type="checkbox"/> mg/dL <input type="checkbox"/> µmol/L	___:___		<input type="checkbox"/>
14. sIL2R _____	<input type="checkbox"/> U/mL <input type="checkbox"/> pg/mL	___:___		<input type="checkbox"/>
15. Creatine phosphokinase _____	U/L	___:___		<input type="checkbox"/>
16. Alpha-1 antitrypsin level _____	<input type="checkbox"/> mg/dL <input type="checkbox"/> g/L	___:___		<input type="checkbox"/>
17. Alpha-1 antitrypsin P <sub>i</sub> type _____		___:___		<input type="checkbox"/>