



Albumin Run Chart

Facility Name: _____

Year: _____

Provider # _____

Which test for Albumin does your facility use? Please ✓check one.

BCG (Bromcresol Grech)

BCP (Bromcresol Purple)

Please indicate what percentage of your facility patient population had Albumin ≥ 4.0 (BCG) or ≥ 3.7 (BCP).

| | | |
|-------|---------|------------|
| May: | July: | September: |
| June: | August: | October: |

Plot your results by month on the graph below to compare with CMS and NW18 goal and for trend identification.

