



Albumin Run Chart

Facility Name: _____

Year: _____

Provider # _____

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

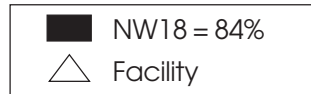
BCG (Bromcresol Grech)

BCP (Bromcresol Purple)

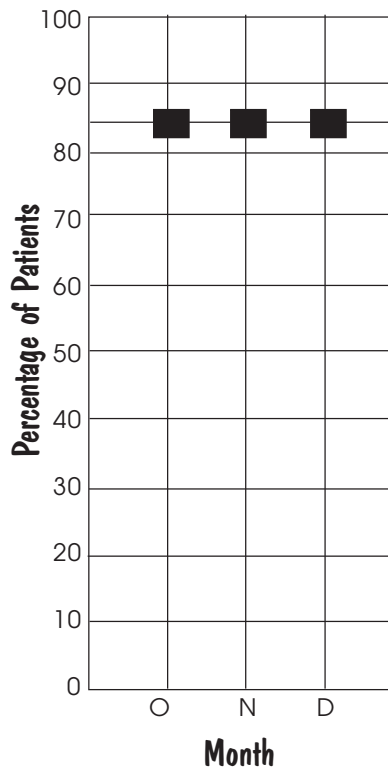
Please indicate what percentage of your facility patient population had Albumin ≥ 3.5 (BCG) or ≥ 3.2 (BCP).

October:	November:	December:
----------	-----------	-----------

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



Facility Patient Albumin ≥ 3.5 (BCG)



Facility Patient Albumin ≥ 3.2 (BCP)

