



Albumin Run Chart

Facility Name: _____

Year: _____

Provider # _____

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

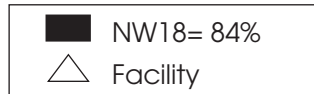
BCG (Bromcresol Grech)

BCP (Bromcresol Purple)

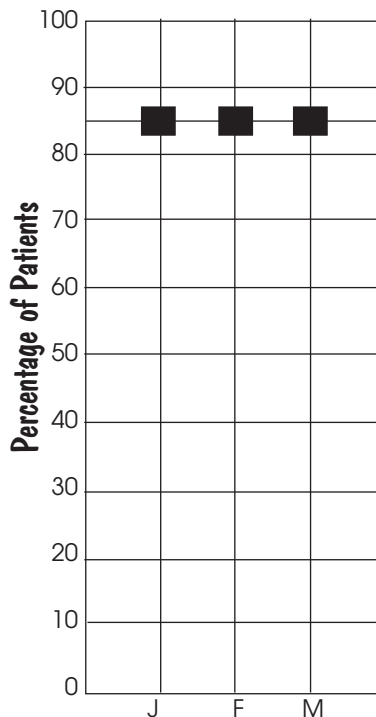
Please indicate what percentage of your facility patient population had Albumin ≥ 3.5 (BCG) or ≥ 3.2 (BCP).

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

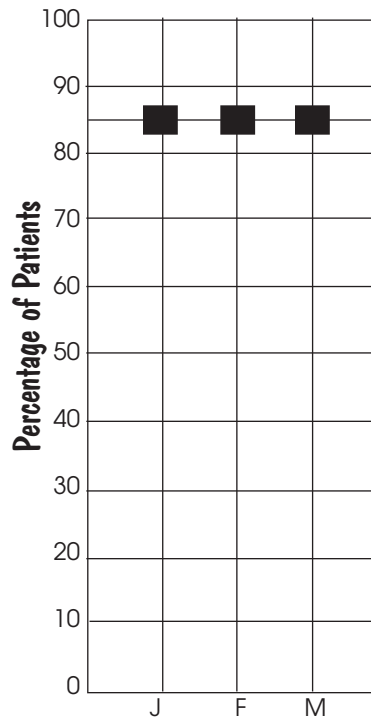


Facility Patient Albumin ≥ 3.5 (BCG)



Month

Facility Patient Albumin ≥ 3.2 (BCP)



Month