

## &lt; 08/07/2022 - Pathology and Radiology Resu...&gt;

DEYSEL, HANNAH

35 THEILE STREET, HOPE VALE. 4895

Phone: 0434020321

Birthdate: 18/01/1999

Sex: F

Medicare Number: 4415482373

Your Reference:

Lab Reference: 663873667-C-H245

Laboratory: SNP

Addressee: DR FREYA C PATON

Referred by: DR FREYA C PATON

Name of Test: .ANAEMIA

Requested: 07/07/2022

Collected: 07/07/2022

Reported: 08/07/2022

04:34

Clinical notes: iron deficiency

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**Haematinics**

Iron	17	umol/L	( 5 - 30 )
Transferrin	3.1	g/L	( 1.9 - 3.1 )
TIBC	77	umol/L	( 47 - 77 )
Saturation	22	%	( 20 - 45 )
Ferritin	L 27	ug/L	( 30 - 250 )
Vitamin B12	500	pmol/L	( >150 )

Comments on Lab Id: 663873667

Consistent with iron deficiency. During reproductive years, iron deficiency in women commonly reflects menstrual losses or multiparity. However, a low dietary iron intake should also be considered, and investigation of the GIT for a source of blood loss may be indicated.

All patients with low or equivocal vitamin B12 results (380 pmol/L or less) will be routinely tested for holo-transcobalamin (active B12) to clarify the B12 status.

Both tests are now Medicare rebateable. Vitamin B12 concentrations over 380 pmol/L are generally considered replete.

EA

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Tests Completed: Iron Studies, Vitamin B12, Vitamin D

Tests Pending :

Sample Pending :