Patient Name:	MOREMON, MELINDA		
Patient Address:	18 GLEN EAGLE RD, WATERVIEW HEIGHTS 2460	**Gender:**	F
D.O.B:	27/04/1988	**IHI No.:**	
Medicare No.:	2624737145	**Provider:**	SNP
Lab. Reference:	669840500-E-H245	**Referred by:**	Dr Rachel Allin
Addressee:	DR RACHEL B ALLIN		
Date Requested:	19/10/2022	**Date Performed:**	19/10/2022
Date Collected:	19/10/2022	**Complete:**	Final
Specimen:			
Subject(Test Name):	.ANAEMIA		
Clinical Information:			

Clinical Notes : ?Coeliacs

Haematinics

Date	18-Jun-21	02-Feb-22	27-Sep-22	**Latest Results 19-Oct-22**		
Time F-Fast	1152	1258 F	0809 F	**1311**		
Lab Id.	661188813	666273903	669438546	**669840500**	Reference	Units
Iron			15		(5-30)	umol/L
Transferrin			2.8		(1.9-3.1)	g/L
TIBC			70		(47-77)	umol/L
Trans Sat			21		(20-45)	%
Ferritin	36	21 L	17 L		(30-250)	ug/L
CRP				2.7	(<5)	mg/L
Vitamin B12				281	(>150)	pmol/L
Active B12				90	(>35)	pmol/L
Folate serum				30	(>7.0)	nmol/L

Comments on Collection 19-Oct-22 1311:
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.

Active B12 (holotranscobalamin) is the biologically active fraction of total serum B12, and should be a superior indicator of B12 status. **Holotranscobalamin** level indicates Vitamin B12 deficiency unlikely. Up to 15% of patients will have a deficiency of carrier protein (haptocorrin) that does not appear to result in a clinically recognisable Vitamin B12 deficiency despite low total Vitamin B12 levels.

EA

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Tests Completed: CRP,Vitamin B12,Folate (Serum),Active B12,FBE
Tests Pending : TTG Abs,Gliadin Abs
Sample Pending :