

TIDEMANN, SHARON
 24 MERCURIO CL, TOLGA. 4882
 Phone: 0427847583
 Birthdate: 06/02/1949 Sex: F Medicare Number: 4001909501
 Your Reference: 9704240D09 Lab Reference: 686691836-E-H245
 Laboratory: SNP
 Addressee: DR ANDREW BAADE Referred by: DR ANDREW BAADE

Name of Test: .ANAEMIA
 Requested: 06/12/2023 Collected: 07/12/2023 Reported: 08/12/2023
 12:19

Clinical notes: chronic Clinical notes available on imaged request form.

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Haematinics

				Latest Results		
Date	11-Apr-22	09-May-22	24-Nov-23	07-Dec-23		
Time F-Fast	1023	1022	0837	0746 F		
Lab Id.	667558306	667780519	686693485	686691836	Reference	Units
Iron			21		(5-30)	umol/L
Transferrin			2.3		(1.9-3.1)	g/L
TIBC			57		(47-77)	umol/L
Trans Sat			37		(20-45)	%
Ferritin			297		(30-300)	ug/L
CRP	4.4				(<5)	mg/L
Vitamin B12		313		226	(>150)	pmol/L
Active B12		>128		84	(>35)	pmol/L
Folate serum				13	(>7.0)	nmol/L

Comments on Collection 07-Dec-23 0746 F:
 All patients with low or equivocal vitamin B12 results (400 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 400 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: Glucose, .PROT/CREAT,E/LFT,Vitamin B12,Folate (Serum), Insulin,Active B12,FBE,IgG IgA IgM,Free Light Chains
 Tests Pending : Zinc,Vitamin B6,Vit C,Cryoglob, .S-EPP,Immunofixation, U-EPP ,PB Surface Markers
 Sample Pending :