ODIJK, MARY-ELLEN
17 CARNOUSTIE ST, TEWANTIN. 4565
Phone: 0434989475
Birthdate: 12/07/1974 **Sex:** F **Medicare Number:** 4307287926
Your Reference: 4748125252 **Lab Reference:** 525116338-C-H245
Laboratory: SNP
Addressee: DR ANTHONY G REYNOLDS **Referred by:** DR ANTHONY G REYNOLDS

Name of Test: .ANAEMIA
Requested: 15/03/2024 **Collected:** 16/03/2024 **Reported:** 17/03/2024 18:24

Clinical notes: . Fasting.

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Haematinics

				Latest Results		
Date	01-Dec-17	24-Aug-21	29-Nov-22	**16-Mar-24**		
Time F-Fast	1117	1318	0818 F	**0703 F**		
Lab Id.	639839256	661168441	669831783	**525116338**	Reference	Units
Iron			9	18	(5-30)	umol/L
Transferrin			3.1	2.9	(1.9-3.1)	g/L
TIBC			78 H	72	(47-77)	umol/L
Trans Sat			12 L	25	(20-45)	%
Ferritin			41	67	(30-300)	ug/L
CRP	<1	0.7		1.9	(<5)	mg/L
Vitamin B12			509	394	(>150)	pmol/L
Active B12				>128	(>35)	pmol/L
Folate serum			38	28	(>7.0)	nmol/L

Comments on Collection 16-Mar-24 0703 F:
Iron Studies
Normal Iron Status.

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: HDL-Cholesterol,Iron Studies,CRP,E/LFT,TFTH, Vitamin B12,Folate (Serum),Active B12,FBE,ESR
Tests Pending : Vitamin B6,Thiamine DP,BNP (BWH)
Sample Pending :