

KATHERINE WALDRON

Lab ID 525062526

DOB 02/10/1986 (37 Yrs FEMALE)

Referrer Dr Yasangi H Ranawaka Arachchi

Address TARINGA 7 DAY MED PRAC 15 MORROW ST

TARINGA QLD 4068

Phone 0738707239

Your ref. 478725

Address 3/41 DAYS AVE YERONGA QLD 4104

Phone 0433056663

Requested 08/05/2024

Collected 19/05/2024 08:48 Received 19/05/2024 08:49

Haematinics

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Clinical Notes . Fasting.

Test Name	Result	Units	Reference Interval
Iron	17	umol/L	5 - 30
Transferrin	3.0	g/L	1.9 - 3.1
TIBC	76	umol/L	47 - 77
Saturation	22	%	20 - 45
Ferritin	39	ug/L	30 - 250
CRP	10 H	mg/L	<5
Vitamin B12	200	pmol/L	>150
Active B12	82	pmol/L	>35
Folate (Serum)	31	nmol/L	>7.0

Comments

In the presence of an acute phase response, the ferritin result may be artefactually elevated. Therefore, the presence of iron deficiency is not excluded.

Serum Ferritin up to 60 ug/L in children or 100 ug/L in adults can be seen even when the patient is iron deficient.

Suggest a repeat ferritin level when the inflammation has subsided clinically or as indicated by normalisation of serum CRP.

Soluble Transferrin Receptor testing can be requested for the diagnosis of iron deficiency as it is unaffected by the acute phase response. Please note there is no applicable Medicare rebate – a fee applies for this test.

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.

ΕA

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Reported on 19-05-2024 16:02

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