

Referrer **Dr Hannah G Royster**

Address MALANDA MEDICAL CARE 2 ANGUS ST
MALANDA QLD 4885

Phone 0740965355

Lab ID **684119960**

Your ref. 17083

Address PO BOX 425
HERBERTON QLD 4887

Phone 0447262660

DOB **18/04/1962 (62 Yrs MALE)**

Copy to

Requested 14/10/2024

Clinical Notes Fatigue in 62 yo M with syncopal episode and muscle weakness
for 12 months, muscle symptoms, vegetarian,. Fasting.

Collected 15/10/2024 07:18

Received 15/10/2024 07:20

Haematinics

Test Name	Result	Units	Reference Interval	Comment
Iron	8	umol/L	5 - 30	
Transferrin	2.1	g/L	1.9 - 3.1	
TIBC	52	umol/L	47 - 77	
● Saturation	15 L	%	20 - 45	LOW
Ferritin	64	ug/L	30 - 300	
CRP	2.4	mg/L	<5	
Vitamin B12	339	pmol/L	> 150	
Active B12	128	pmol/L	>35	

Comments

The normal ferritin implies normal iron stores. However, a normal ferritin level may be seen in iron deficient patients who have recently taken oral iron, or who have an intercurrent illness causing ferritin elevation.

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

SULLIVAN NICOLAIDES PTY LTD. ABN 38 078 202 196. NATA/RCPA ACCREDITATION NO 1964

16-10-2024 00:54