BRIDGEMENT,HANNAH
7 MURRAY CIRCUIT,UPPER COOMERA.4209
Phone:0434020321
Birthdate:18/01/1999 **Sex:**F **Medicare Number:**4396646003
Your Reference: **Lab Reference:**662205861-C-H245
Laboratory:SNP
Addressee:DR FREYA C PATON **Referred by:**DR FREYA C PATON

Name of Test:.ANAEMIA
Requested:11/01/2022 **Collected:**13/01/2022 **Reported:**14/01/2022 04:34

Clinical notes:cold appetite changes family history of thyroid

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Haematinics

Date	13/05/20	09/11/20	13/01/22		
Time F-Fast	1145	1111	1033 F		
Lab Id.	651617250	656144718	662205861	Units	Reference
Iron	18	14	20	umol/L	(5-30)
Transferrin	3.1	2.7	2.3	g/L	(1.9-3.1)
TIBC	77	68	57	umol/L	(47-77)
Trans Sat	23	21	35	%	(20-45)
Ferritin	15 L	6 L	23 L	ug/L	(30-250)
CRP	<0.4	<0.4		mg/L	(<5)
Vitamin B12		454	259	pmol/L	(>150)
Active B12			68	pmol/L	(>35)
Folate serum		24	30	nmol/L	(>7.0)

Comments on Collection 13/01/22 1033 F:
Iron Studies
Consistent with iron deficiency. During reproductive years, iron deficiency in women commonly reflects menstrual losses or multiparity. However, a low dietary iron intake should also be considered, and investigation of the GIT for a source of blood loss may be indicated.

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

Tests Completed: HDL-Cholesterol,Iron Studies,E/LFT,TFTH,Vitamin B12,
Folate (Serum),H pylori,Active B12,Vitamin D,
Thyroid Abs,FBE
Tests Pending :
Sample Pending :