

CROSS, NED 4702
 BELLDEEN DEFENCE ROAD, BANANA.
 Phone: 0428281467
 Birthdate: 12/03/1955 Sex: M Medicare Number: 4141161009
 Your Reference: 7D8FDD6587 Lab Reference: 525619272-C-H245
 Laboratory: SNF
 Addressee: DR RICHARD J TAN Referred by: DR RICHARD J TAN

Name of Test: .ANAEMIA
 Requested: 25/03/2024 Collected: 25/03/2024 Reported: 26/03/2024
 05:27

Clinical notes: recurrent UTI

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Haematinics	Latest Results				Reference	Units
	12-Apr-21	23-Aug-21	01-Aug-22	25-Mar-24		
Date	1024	1119	1113	1302		
Time	659530822	662422771	669070244	525619272		
Lab Id.						
Iron	20	13	18	8	(5-30)	umol/L
Transferrin	2.5	2.8	2.7	2.7	(1.9-3.1)	g/L
TIBC	63	69	67	68	(47-77)	umol/L
Trans Sat	32	19 L	27	12 L	(20-45)	%
Ferritin	263	276	219	114	(30-300)	ug/L
Vitamin B12	380	381	301	350	(>150)	pmol/L
Active B12			>128	>128	(>35)	pmol/L
Folate serum	23	17	17	19	(>7.0)	nmol/L

Comments on Collection 25-Mar-24 1302:

Iron Studies

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

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Tests Completed: Iron Studies, E/LFT, PSA, Vitamin B12, Folate (Serum), Active B12
 Tests Pending : FBE, Urine MCS
 Sample Pending :