

L28 - GREATER NOIDA LAB - HOME VISIT  
SHOP NO: G-19 / 20 & 21, MSX TOWER II, B-2,  
ALPHA 1, COMMERCIAL BELT,

Name	: AREEBA JAMSHED	Collected	: 11/3/2022 8:09:00AM
Lab No.	: 324460110	Received	: 11/3/2022 8:13:09AM
Age: 21 Years	Gender: Female	Reported	: 11/3/2022 7:02:10PM
A/c Status : P	Ref By : SELF	Report Status	: Final

Test Name	Results	Units	Bio. Ref. Interval
<b>ANAEMIA CHECK</b>			
<b>IRON STUDIES MONITORING PANEL</b> (Spectrophotometry, CLIA)			
Iron**	74.00	ug/dL	50.00 - 170.00
Total Iron Binding Capacity (TIBC)**	<b>435.12</b>	µg/dL	250 - 425
Transferrin Saturation**	17.01	%	15.00 - 50.00
Ferritin**	11.60	ng/mL	10.00 - 291.00

#### Comment

**Iron** is an essential trace mineral element which forms an important component of hemoglobin, metallocompounds and Vitamin A. Deficiency of iron, leads to microcytic hypochromic anemia. The toxic effects of iron are deposition of iron in various organs of the body and hemochromatosis.

**Total Iron Binding capacity (TIBC)** is a direct measure of the protein Transferrin which transports iron from the gut to storage sites in the bone marrow. In iron deficiency anemia, serum iron is reduced and TIBC increases.

**Transferrin Saturation** occurs in Idiopathic hemochromatosis and Transfusional hemosiderosis where no unsaturated iron binding capacity is available for iron mobilization. Similar condition is seen in congenital deficiency of Transferrin.

**Ferritin** appears to be in equilibrium with tissue ferritin and is a good indicator of storage iron in normal subjects and in most disorders. In patients with some hepatocellular diseases, malignancies and inflammatory diseases, serum ferritin is a disproportionately high estimate of storage iron because serum ferritin is an acute phase reactant. In such disorders iron deficiency anemia may exist with a normal serum ferritin concentration. In the presence of inflammation, persons with low serum ferritin are likely to respond to iron therapy.



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RETICULOCYTE COUNT, WHOLE BLOOD** (Automated)	1.09	%	0.50 - 2.50
FOLATE (FOLIC ACID), SERUM (Chemiluminescent Immunoassay)	12.71	ng/mL	>5.38

#### Interpretation

RESULT IN ng/mL	REMARKS
<3.37	Deficient
3.38-5.38	Indeterminate
>5.38	Normal

#### Note

1. Drugs like Methotrexate & Leucovorin interfere with folate measurement
2. To differentiate vitamin B12 & folate deficiency, measurement of Methyl malonic acid in urine & serum Homocysteine level is suggested
3. Risk of toxicity from folic acid is low as it is a water soluble vitamin regularly excreted in urine

#### Comments

Folate plays an important role in the synthesis of purine & pyrimidines in the body and is important for the maturation of erythrocytes. It is widely available from plants and to a lesser extent organ meats, but more than half the folate content of food is lost during cooking. Folate deficiency is commonly prevalent in alcoholic liver disease, pregnancy and the elderly. It may result from poor intestinal absorption, nutrition deficiency, excessive demand as in pregnancy or in malignancy and in response to certain drugs like Methotrexate & anticonvulsants.

#### Decreased Levels

Megaloblastic anemia, Infantile hyperthyroidism, Alcoholism, Malnutrition, Scurvy, Liver disease, B12 deficiency, dietary amino acid excess, adult Celiac disease, Tropical Sprue, Crohn's disease, Hemolytic anemias, Carcinomas, Myelofibrosis, vitamin B6 deficiency, pregnancy, Whipple's disease, extensive intestinal resection and severe exfoliative dermatitis



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Technical Director - Hematology & Immunology  
NRL - Dr Lal PathLabs Ltd



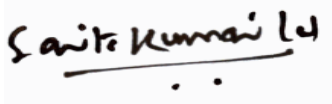
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-----End of report -----



\*\* Test conducted under NABL scope MC-2113,LPL-NATIONAL REFERENCE LAB at NEW DELHI

\*\* Test conducted under NABL scope MC-2618,LPL-NOIDA LAB at NOIDA

#### IMPORTANT INSTRUCTIONS

- Test results released pertain to the specimen submitted. •All test results are dependent on the quality of the sample received by the Laboratory .
- Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the Referring Physician. •Sample repeats are accepted on request of Referring Physician within 7 days post reporting. •Report delivery may be delayed due to unforeseen circumstances. Inconvenience is regretted. •Certain tests may require further testing at additional cost for derivation of exact value. Kindly submit request within 72 hours post reporting. •Test results may show interlaboratory variations. •The Courts/Forum at Delhi shall have exclusive jurisdiction in all disputes/claims concerning the test(s) & or results of test(s). •Test results are not valid for medico legal purposes.
- Contact customer care Tel No. +91-11-39885050 for all queries related to test results.
- (#) Sample drawn from outside source.

