

Name : Mr. Dummy Singh
Lab No. : XXXXX
Ref By : ---
Collected : XXXXX
A/c Status : P
Collected at : XXXXX
XXXX
XXXX

Age : 38 Years
Gender : Male
Reported : XXXXX
Report Status : Final
Processed at : XXXXX
XXXX
XXXX



Test Report

Test Name	Results	Units	Bio. Ref. Interval
IRON STUDIES MONITORING PANEL (Spectrophotometry, CLIA)			
Iron	136.30	µg/dL	65.00 - 175.00
Total Iron Binding Capacity (TIBC)	382.30	µg/dL	250.00 - 425.00
Transferrin Saturation	35.65	%	20.00 - 50.00
Ferritin	24.50	ng/mL	23.9 - 336.2

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.

