NutriPATH PATHOLOGY

PATIENT REPORT

16 Harker St, Burwood VIC, 3125 • info@nutripath.com.au • 1300 688 522

26115-0010

Dr Test Doctor (Test Doctor) Test Clinic. 123 Test Street, Test Suburb Victoria 3125

Lab ID
Patient ID P000060
Ext ID 26115-0010

Test Patient

Sex: Female • 56yrs • 01-Jan-70
123 Home Street, Test Suburb VIC 3125

RECEIVED
25-Apr-26

Chemical Pathology

Specimen type - Blood-Serum

12-Jan-2025 07.21PM

IRON STUDIES	RESULT	REF - RANGE	UNITS
Iron	4.0 LL	5.0 - 30.0	umol/L
Ferritin	420 H	30 - 400	ug/L
Transferrin	3.00	1.80 - 3.50	g/L
Transferrin Saturation	5 L	15 - 45	%

Iron Studies Comment

IRON STUDIES INTERPRETATIONS TABLE

CONDITION/SYMPTOM	IRON	TRANSFERRIN SATURATION	FERRITIN
Iron Deficiency	Decreased	Decreased	Decreased
Iron Deficiency & Acute Phase Response	Decreased	Normal/Decreased	"Normal" <100 ug/L
Acute Phase Response	Decreased	Decreased	Increased
Iron Overload	Increased	Increased	Increased

LOW IRON LEVEL:

Very low serum iron should be interpreted in conjunction with Ferritin and Transferrin and may indicate iron deficiency, inflammation or other disease processes.

FERRITIN COMMENT:

Serum ferritin levels >30 µg/L demonstrates healthy iron stores as long as co-existing inflammatory disease or hepatocellular damage are not present.

ELEVATED FERRITIN LEVEL:

An elevated ferritin level may be due to concurrent inflammatory disease, liver disease or iron overload (Hereditary haemochromatosis and Haemosiderosis). A raised percentage transferrin saturation in isolation may be the earliest indicator of iron overload.

Methodology

Automated Chemistry/Immunochemistry