



Laboratory Investigation Report

Patient Name	: Mr. Santosh Mahto	Centre	: 2277 - Home Collection Dnrc
Age/Gender	: 31 Y 9 M 28 D /M	OP/IP No/UHID	: //
MaxID/Lab ID	: SKCT.250746/2032042303960	Collection Date/Time	: 23/Apr/2023 11:52AM
Ref Doctor	: SELF	Reporting Date/Time	: 23/Apr/2023 03:32PM

Clinical Biochemistry

Max Iron Profile



SIN No: B2B2971522

Total Iron Binding Capacity (TIBC), Serum

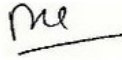
Date	23/Apr/2023 11:52AM	Unit	Bio Ref Interval
Iron	41	µg/dL	70 - 180
<small>TPTZ- No deproteinization</small>			
UIBC	280	µg/dL	155 - 355
<small>Nitroso - PSAP</small>			
Total Iron Binding Capacity	321	µg/dL	225 - 535
<small>Calculated</small>			
Transferrin Saturation	12.77	%	17 - 37
<small>Calculated</small>			

Kindly correlate with clinical findings

*** End Of Report ***



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Immunoassay Max Iron Profile



Ferritin, Serum

Date	23/Apr/2023 11:52AM	Unit	Bio Ref Interval
Ferritin CLIA	57.1	ng/mL	23.9 - 336.2

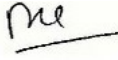
Comment Ferritin is a large hollow spherical protein containing iron, concentration of which roughly reflects the body iron content in many individuals. Serum ferritin concentration is a sensitive indicator of iron deficiency. Serum Ferritin concentration is increased in many disorders like infection, inflammatory disorders like rheumatoid arthritis or renal disease; common liver conditions (e.g. alcoholism, viral hepatitis B or C); heart disease, cancer. In patients with these disorders who also have iron deficiency their serum ferritin concentrations are often normal. An increase in serum ferritin concentration occurs as a result of ferritin release due to liver cell injury of diverse causes. Serum ferritin is also increased in patients with iron overload of any cause. Serum transferrin saturation is a better screening test for early iron overload than serum ferritin.

Kindly correlate with clinical findings

*** End Of Report ***



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