



Requisition #:	9900001	Practitioner:	NO PHYSICIAN
Patient Name:	Report Masked	Date of Collection:	Dec 1, 2022
Date of Birth:	Apr 20, 2005	Time of Collection:	Not Given
Gender:	Μ	Report Date:	Aug 9, 2023

Iron and Total Iron Binding Capacity Profile

Test	Patient value (mcg/dL)	Reference range (mcg/dL)
Total iron	2.00 Low	27 - 164
Total iron binding capacity	5.00 Low	271 - 448
% Saturation	10.00 Low	16 - 48
	Interpretations	

Low iron

Low serum iron is associated with microcytic anemia in which the mean corpuscular volume (MCV) is low or low normal. The most common reasons for iron deficiency is low dietary intake of iron or vitamin C, chronic blood loss, achlorhydria (deficiency of stomach acid), severe milk allergy, defective absorption, increased demand as in pregnancy, and anemia due to chronic illnesses such as rheumatoid arthritis, infections, and cancer. Common symptoms of iron deficiency include fatigue, shortness of breath, headaches, hair loss, and other symptoms.

High iron

High serum iron is associated with excessive dietary intake or accidental overdose by children who mistake sweetened iron-fortified vitamins as candy. Other causes include excessive absorption due to genetic hemochromatosis, anemias which impair erythropoiesis, alcoholic cirrhosis, excessive blood transfusions, and liver disease associated with portacaval anastomosis.

Low total iron-binding capacity

Low total iron-binding capacity may be due to anemia of chronic disorders, hemochromatosis, sideroblastic anemia, protein deficiency, or genetic transferrin deficiency.

High total iron-binding capacity

High total iron-binding capacity may be due to iron deficiency anemia, pregnancy, or the use of supplemental estrogen as an oral contraceptive or hormone replacement.

Low percent saturation

Low percent saturation may be associated with iron deficiency anemia, pregnancy, or anemia of chronic disorders.

High percent saturation

High percent saturation is common in genetic hemochromatosis, sideroblastic anemia, and genetic transferrin deficiency.

Testing performed at Quest Diagnostics, Lenexa, KS.

Quest Diagnostics Lenexa, 10101 Renner Blvd, Lenexa, KS 66219-9752. Laboratory Director: WILLIAM BECKER, DO, MPH, CLIA: 17D0648226.

This test was developed, and its performance characteristics determined by Mosaic Diagnostics Laboratory. It has not been cleared or approved by the US Food and Drug Administration.