

Patient Name : Mr.RANJEET YADAV	Visit No : CHA250041293
Age/Gender : 36 Y/M	Registration ON : 07/Mar/2025 02: 15PM
<b>Lab No : 10138588</b>	Sample Collected ON : 07/Mar/2025 02: 17PM
Referred By : Dr.MANISH TANDON	Sample Received ON : 07/Mar/2025 02: 19PM
Refer Lab/Hosp : CHARAK NA	Report Generated ON : 07/Mar/2025 03: 06PM
Doctor Advice : FOLIC ACID,VIT B12,FERRITIN,TIBC,Iron	



Test Name	Result	Unit	Bio. Ref. Range	Method
<b>IRON</b>				
IRON	10.50	ug/ dl	59 - 148	Ferrozine-no deproteinization

FINDING CHECKED TWICE.PLEASE CORRELATE CLINICALLY

<b>TIBC</b>				
TIBC	379.00	ug/ml	265 - 497	calculated

<b>VITAMIN B12</b>				
VITAMIN B12	493	pg/mL	180 - 814 Normal 145 - 180 Intermediate 145.0 Deficient pg/ml	CLIA

**Summary :-**

Nutritional & macrocytic anemias can be caused by a deficiency of vitamin B12. This deficiency can result from diets devoid of meat & bacterial products, from alcoholism or from structural / functional damage to digestive or absorptive processes. Malabsorption is the major cause of this deficiency.

<b>FOLIC ACID</b>				
FOLIC ACID	15.67	ng/ml	3.89 26.8	CMIA

Method: Electrochemiluminescence

**COMMENTS:** Folate deficiency causes megaloblastic anemia and eventually leukopenia and thrombocytopenia. Folic acid is believed to play a role in birth defects such as spina bifida, anencephaly, and oro-facial clefts as well as in inducing cardiovascular morbidity and mortality. Symptoms of deficiency take about 3 months to appear and can be caused by inadequate intake, increased body demand or folate antagonism by drugs. For diagnostics purposes, the folate findings should always be assessed in conjunction with the patient's medical history, clinical examination and other findings. This deficiency can result from diets devoid of raw fruits, vegetables or other foods rich in folic acid, as may be the case with chronic alcoholics, drug addicts, the elderly or persons of low socioeconomic status, etc. In addition, low serum also occurs during pregnancy. Folate assays are affected by hemolysis within the specimen.

[Checked By]



Print.Date/Time: 07-03-2025 16:25:15

\*Patient Identity Has Not Been Verified. Not For Medicolegal

DR. NISHANT SHARMA DR. SHADAB DR. ADITI D AGARWAL  
PATHOLOGIST PATHOLOGIST PATHOLOGIST

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Test Name	Result	Unit	Bio. Ref. Range	Method
<b>FERRITIN</b>				
FERRITIN	9.4	ng/mL	13 - 400	CLIA

**INTERPRETATION:**

Ferritin is a high-molecular weight iron containing protein that functions in the body as an iron Storage compound. Ferritin provides a more sensitive, specific and reliable measurement for determining iron deficiency at an early stage. The combined use of serum ferritin levels and mean corpuscular volume (MCV) has made differentiation between iron deficiency, beta-thalassemia trait and normal subjects possible at a very high level of accuracy. Serum ferritin measurements provide important clinical parameters for assessing the response to treatment with deferoxamine, in the treatment of thalassemia. Elevated levels are seen in malignant diseases such as leukemia, Hodgkins disease, breast cancer, head and neck cancer and ovarian cancer.

**LIMITATIONS:**

Specimens from patients who have received preparations of mouse monoclonal antibodies for diagnosis or therapy may show either false positive or depressed values.  
For diagnostic purposes the ferritin result should be used in conjunction with other data, e.g.: symptoms, results of other tests, clinical impressions, etc.

\*\*\* End Of Report \*\*\*

CHARAK

[Checked By]

Print.Date/Time: 07-03-2025 16:25:16

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