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| Ferritin | | | |
| **Synonyms** | |  |  |
| **Clinical Indication** | |  | Ferritin measurements are used:  1. to diagnose iron deficiency  2. in the differential diagnosis of anaemia, including iron deficiency anaemia  3. to monitor the response to iron therapy  4. to monitor iron mobilisation therapy  5. to aid in the diagnosis of iron overload, including the genetic condition  hereditary haemochromatosis (HH).  Iron is normally stored in the body as ferritin, a small fraction of which  circulates in blood. The concentration of serum ferritin is directly related to  tissue stores and levels vary depending on age and sex. Ferritin is generally  more accurate than iron and TIBC (transferrin) for the assessment of iron  status. Unfortunately, serum ferritin is raised in acute and chronic disorders  such as liver disease, inflammation or malignancy which limits its use as a  diagnostic test for iron deficiency. Serum ferritin is increased in patients with  haemochromatosis. |
| **Part of Profile / See Also** | |  | Haematinics |
| **Request Form** | |  | Combined Pathology manual Blood form or ICE request |
| **Availability / Frequency of Analysis** | |  | On request.  Minimum retesting interval is 3 months. |
| **Turnaround Time** | |  | Same day |
| **Patient Preparation** | |  | None |
| **Sample Requirements** | |  |  |
| **Specimen Type** |  | Serum |
| **Volume** |  | 1 ml |
| **Container** |  | Yellow top (SST) tube |
| **Reference Range & Units** | |  | Adults: 15 - 300 ng/mL; Levels may be lower in menstruating women;  following the menopause levels progressively approach quoted reference  range. |
| **Interferences** | |  | Recent transfusion may give a false ferritin result. Grossly haemolysed samples should not be analysed. |
| **Interpretation & Clinical**  **Decision Value (if applicable)** | |  | Decreased levels indicate iron deficiency. Levels of up to 100 ng/mL may be  found in patients with iron deficiency when this co-exists with inflammation,  liver disease or malignancy (acute phase response) as these disorders increase  ferritin above basal levels. Increased levels occur with iron overload  (haemochromatosis and haemosiderosis) but transferrin saturation is a better  screening test for these disorders. See interpretation of results of iron studies.  Erroneous findings may be obtained with samples taken from patients who  have been treated with monoclonal mouse antibodies or have received them  for diagnostic purposes. This can also occur in patients who are routinely  exposed to animals or animal serum products. |
| **References** | |  | Beckman kit insert |
| **Test code** | |  | FERR |
| **Lab Handling** | |  | Analysed from primary tube and stored at 4°C. |