Overview

Useful For
Screening for chronic iron overload diseases, particularly hereditary hemochromatosis

Method Name
Immunoturbidimetric Assay

NY State Available
Yes

Specimen

Specimen Type
Serum

Specimen Required
Container/Tube:

Preferred: Serum gel

Acceptable: Red top

Specimen Volume: 0.6 mL

Collection Instructions:
1. Serum gel tubes should be centrifuged within 2 hours of collection.
2. Red-top tubes should be centrifuged and aliquotted within 2 hours of collection.

Forms
If not ordering electronically, complete, print, and send a Benign Hematology Test Request Form (T755) with the specimen.

Specimen Minimum Volume
0.25 mL

Reject Due To

<table>
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<tr>
<th>Condition</th>
<th>Acceptance</th>
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<tbody>
<tr>
<td>Hemolysis</td>
<td>Mild OK; Gross reject</td>
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<tr>
<td>Lipemia</td>
<td>Mild OK; Gross OK</td>
</tr>
<tr>
<td>Icterus</td>
<td>Mild OK; Gross OK</td>
</tr>
<tr>
<td>Other</td>
<td>NA</td>
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Specimen Stability Information
Clinical and Interpretive

Clinical Information
Transferrin is a glycoprotein with a molecular weight of 79570 daltons. It consists of a polypeptide strand with 2 N-glycosidically linked oligosaccharide chains and exists in numerous isoforms. The rate of synthesis in the liver can be altered in accordance with the body’s iron requirements and iron reserves. Transferrin is the iron transport protein in serum. In cases of iron deficiency, the degree of transferrin saturation appears to be an extremely sensitive indicator of functional iron depletion. The ferritin levels are depressed when there is a deficiency of storage iron. In sideropenia, an iron deficiency can be excluded if the serum transferrin concentration is low, as in inflammation or less commonly, in cases of ascorbic acid deficiency. In screening for hereditary hemochromatosis, transferrin saturation provides a better indication of the homozygous genotype than does ferritin. The treatment of anemia with erythropoietin in patients with renal failure is only effective when sufficient depot iron is present. The best monitoring procedure is to determine transferrin saturation during therapy. Transferrin saturation in conjunction with ferritin gives a conclusive prediction of the exclusion of iron overload in patients with chronic liver disease.

Reference Values
200-360 mg/dL

Interpretation
Serum iron, total iron-binding capacity (TIBC), and percent saturation are useful only in screening for chronic iron overload diseases, particularly hereditary hemochromatosis. Although serum iron, TIBC, and percent saturation are widely used for the diagnosis of iron deficiency, serum ferritin is a much more sensitive and reliable means of demonstrating iron deficiency.

In hereditary hemochromatosis, serum iron is usually above 150 mcg/dL and percent saturation exceeds 60%.

In advanced iron overload states, the percent saturation often exceeds 90%.

Cautions
Measurement of serum iron, iron-binding capacity, and percent saturation should not be used as the primary test for iron deficiency. It may be helpful when used in conjunction with ferritin and soluble transferrin receptor testing, especially in patients with inflammation.

Clinical Reference


Performance

Method Description
Antitransferrin antibodies react with the antigen in the sample to form an antigen/antibody complex. Following agglutination, this is measured turbidimetrically. Addition of polyethylene glycol allows the reaction to progress rapidly to the end point and increases sensitivity. (Package insert: Roche TRSF2 reagent. Indianapolis, IN, 2005)

PDF Report
No

Day(s) and Time(s) Test Performed
Monday through Saturday; Continuously

Analytic Time
Same day/1 day

Maximum Laboratory Time
2 days

Specimen Retention Time
7 days

Performing Laboratory Location
Rochester

Fees and Codes

Fees
- Authorized users can sign in to Test Prices for detailed fee information.
- Clients without access to Test Prices can contact Customer Service 24 hours a day, seven days a week.
- Prospective clients should contact their Regional Manager. For assistance, contact Customer Service.

Test Classification
This test has been cleared or approved by the U.S. Food and Drug Administration and is used per manufacturer's instructions. Performance characteristics were verified by Mayo Clinic in a manner consistent with CLIA requirements.

CPT Code Information
84466

LOINC® Information
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<td>Transferrin, S</td>
<td>3034-6</td>
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