TEST: FERRITIN

PRINCIPLE:
Ferritin functions as an intracellular site of iron storage. Clinically significant concentrations are found in serum, and the concentration of serum ferritin is directly related to total body iron stores. Serum ferritin concentrations are determined to evaluate iron stores in normal patients, patients with iron deficiency and iron overload, and to monitor the response to iron therapy. The clinical use of the ferritin measurements have been extensively reviewed.

SPECIMEN REQUIREMENTS:
2ml collected in a serum separator tube (gel barrier). Separate serum from cells ASAP or within 2 hours of collection by centrifugation. Stability after separation from cells: Ambient: 8 Hours; Refrigerated: 48 Hours; Frozen: 1 year (avoid repeated freeze/thaw cycles).

REJECTION CRITERIA: Plasma or other body fluids. Gross hemolysis

METHOD:
Enhanced Chemiluminescence.

REFERENCES:
1. Alfrey CP. Serum Ferritin Assay. *Clin Lab Sci* 9:179-208;1978
2. Valberg LS. Plasma Ferritin Concentrations: Their Clinical Significance and Relevance to Patient Care. *CanMed Assoc J.* 122:1240-1248; 1980.
3. Worwood M. Serum Ferritin. *Clin Lab Sci*. 10:171–204; 1979.
4. Cook JD. Clinical Evaluation of Iron Deficiency. *Semin Hematol*. 19:6–18; 1982
5. Kirking MH. Treatment of Chronic Iron Overload. *Clin Pharm*. 10:775–783; 1991
6. Worwood M. Ferritin. *Blood Rev* 4:259-269;1990.

Normal range:
Normal Female: 11.0–306.8 ng/mL
Normal Male: 23.9–336.2 ng/mL

Turnaround time: 7 business days