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|---------------------|--|--------------------|--|
| Patient Name : | | Bill Date : | |
| DOB/Age/Gender : | | Sample Collected : | |
| Patient ID / UHID : | | Sample Received : | |
| Referred By : | | Report Date : | |
| Sample Type : | | Report Status : | |
| Barcode No : | | | |

| Test Description | Value(s) | Unit(s) | Reference Range |
|------------------|----------|---------|-----------------|
|------------------|----------|---------|-----------------|

BIOCHEMISTRY REPORT

Calcium Ionized

| | | | |
|--|------|--------|-------------|
| Calcium Ionised | 1.25 | mmol/L | 1.15 - 1.33 |
| Method : (Serum,Ion Selective Electrode) | | | |

Interpretation:

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1. Ionized calcium amounts for 50-55% of total calcium and is physiologically active form of calcium. Total calcium is often difficult to interpret as it is dependent on albumin & other proteins. Alterations in serum albumin during an acute illness may change the total serum calcium by as much as 30%.
2. Ionized calcium has inverse relationship with blood pH, values can change upto 5% for each 0.1pH unit change.
3. Decreased serum ionized calcium values are seen in primary hypoparathyroidism, vitamin D deficiency, systemic illnesses leading to respiratory acidosis or metabolic alkalosis, critically ill patients, renal disorders and patients with recent blood transfusions. Decreased ionized calcium levels between 0.75 and 1 mmol/L are usually well tolerated, but the risk of reduced cardiac output & arrest increases when ionized calcium levels approach 0.62 mmol/L.
4. Increased serum ionized calcium values are seen in primary hyperparathyroidism, vitamin D therapy, various malignancies producing parathyroid hormone.

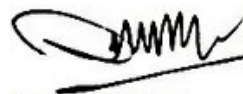
Reference:

- Tietz Textbook of Clinical Chemistry, CA Burtis, ER Ashwood, 1999, chapter 39, pp 1405-1406
- The importance of measuring ionized calcium in characterizing calcium status and diagnosing primary hyperparathyroidism. Walsh JP, Nguyen HH, Kent GN, Lim EM. J Clin Endocrinol Metab. 2012 Sep;97(9):3138-45.



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