

Patient Name : Demo Patient Name
Age / Sex : 11 Y / F
Referred By : DEMO HOSPITAL
Centre : HOD Head Office

Lab No : Demo Visit No
Registration On : 20-Jan-25 08:47
Patient ID : UHID.DEMO.001

Zinc				Serum Sample
Accession No: DEMO_BARCODE		Collected On: 20-Jan-25 08:47	Received On: 20-Jan-25 13:52	Approved On: 20-Jan-25 15:49
Observation	Result	Unit	Biological Ref. Interval	Method
Zinc	108.70	µg/dL	70-115	Colorimetric

Note:

1. There is a circadian variation with levels peaking around 9 am and 6 pm
2. Zinc levels decrease post prandially

Comments: Zinc is second to iron as the most abundant trace element in the body. Most zinc is in the skeletal muscle (60%) and bone (30%). It is involved in almost all aspects of metabolism. Dietary sources of zinc are oysters, shell fish & meat. Zinc is required for wound healing, immune function and fetal development. Human zinc deficiency is often associated with diets low in animal derived protein but high in cereals that bind zinc. Nutritional zinc deficiency is fairly prevalent despite wide availability of zinc in foods. Long term zinc supplementation may induce copper deficiency. Zinc toxicity is rare in humans. Inhalation of zinc oxide fumes is the most common cause of metal fume fever.

Decreased Levels: Treatment with anabolic steroids & metal chelating drugs, synthetic diet therapies, Acrodermatitisenteropathica, Alopecia, Typhoid, Pulmonary tuberculosis, liver metastasis, Celiac sprue, Thalassemia major, Pernicious anemia, Acute Myocardial infarction, Renal disease, pregnancy,lactation & old age

Increased levels Hemodialysis with zinc containing dialysate, Primary osteosarcoma of bone, Coronary heart disease, Arteriosclerosis, Familial hyperzincemia& Anemia

Advise: Please correlate results clinically.



This is a Demo Signature
and the doctor's signature should appear here

In case of any unexpected or alarming results, please contact us immediately for re-confirmation, clarifications, and rectifications, if needed.

