

		Features of	hypochromic	c anemias		
	Ferritin	Serum iron	TIBC	Transferrin saturation	Red cell distribution width	Marrow storage iron
Iron deficiency anemia	Low	Low	High	Low	High	Low
Thalassemias	Normal to high	Normal to high	Low to	Normal to high	Normal	Normal to high
Sideroblastic anemias	High	Normal to high	Low to normal	High	High	High
Anemia of chronic disease	Normal to high	Low	Low to normal	Low	Normal	Low to normal

Gallagher P. G. (2022). Anemia in the pediatric patient. *Blood*, *140*(6), 571–593. https://doi.org/10.1182/blood.2020006479

BASIC IDA LABS:

Ferritin	Most sensitive.	
Normal 15-250 ng/mL	Reflection of iron storage in the body and it is the first lab value to decline.	
	*Remember ferritin is also an acute phase reactant	
Reticulocyte %	Reticulocyte count shows new RBCs and helps you know what the bone	
Normal 0.9-1.5%	marrow is doing.	
	Normal to low in IDA.	
RDW	Typically, normal to high	
Age dependent		
Serum Iron	Low in IDA	
30-150 mcg/dL	Great test to check if a patient is able to absorb iron.	
Iron Binding capacity	Shows the availability for iron to be snatched up. If ferritin is low, TIBC	
250-450 mcg/dL	should be high.	
Transferrin Saturation	This will decrease as there is less available iron.	
230-400 mg/dL		