

Ideal Iron Levels

	Haemoglobin g/L	Transferrin g/L (umol/L)	Transferrin Saturation %	Ferritin ug/L
Menstruating				
No COCP	120-145	2.0-2.5 (25-34)	20-30	30-100?
COCP	120-145	2.0-3.5 (25-44)	20-30	30-100?
Preconception	120-145	2.0-2.5 (25-34)	20-30	>50
Pregnancy				
T1	>110	3.0-4.0 (37-50)	Normal to see a decline	>50
T2	>105	2.5-4.0 (34-50)	Normal to see a decline	15-40
T3	>100	2.5-4.0 (34-50)	Normal to see a decline	15-40
Post-Menopausal				
No HRT	120-145	2.0-2.5 (25-34)	20-30	100-150?
HRT	120-145	2.0-3.5 (25-44)	20-30	30-100?

Key:

- COCP = Combined Oral Contraceptive Pill
- HRT = Hormone Replacement Therapy
- ? = While these are the accepted functional pathology reference ranges, more ferritin is not necessarily better. Ferritin needs to be analysed in context to the full iron panel, and is of lowest priority.

Please note:

- Test following 5-12 hours fasting; water prior is advised;
- Avoid supplements, alcohol and high intensity exercise for 24 hours' prior;
- Always test C-reaction protein (CRP) to exclude a pseudo iron deficiency due to inflammation (ideal CRP = <1 mg/L);
- Does not apply in genetic iron dysregulation conditions such as HFE mutations, transferrin SNPs or thalassemia.