

# URINARY HAEMOSIDERIN

<b>Description</b>	Use of Perl's A&B reagents to demonstrate the presence of Haemosiderin on microscope slides which have had an aliquot of concentrated urine deposit deposited on them, followed by drying of slides, and methanol fixation. The counterstain is Safranin
<b>Indication</b>	Detecting haemosiderinuria, secondary to excess haemolysis, as in incompatible blood transfusions, severe acute haemolytic anemia, or haemochromatosis.
<b>Additional Info</b>	When the plasma haemoglobin level is >50 to 200 mg/dL after haemolysis, the capacity of haptoglobin to bind haemoglobin is exceeded, and haemoglobin readily passes through the glomeruli of the kidney. Part of the haemoglobin is absorbed by the proximal tubular cells where the haemoglobin iron is converted to haemosiderin. When these tubular cells are later shed into the urine, haemosiderinuria results. If all of the haemoglobin cannot be absorbed into the tubular cells, haemoglobinuria results.
<b>Concurrent Tests</b>	Other Haemolysis screening tests plus Blood Film.
<b>Interpretation</b>	A positive haemosiderin indicates excess red cell destruction. Haemosiderinuria may still be detected after haemoglobin has cleared from the urine and haemoglobin dipstick is negative.
<b>Collection Conditions</b>	Random Urine sample in 20ml plastic Universal bottle ( With conical base )
<b>Frequency Of Testing</b>	Periodically during suspected Haemolysis episode
<b>Clinical AdviceContact</b>	Haematology SPR