

รายงานวิจัย

โครงการ : การศึกษาระดับวิตามินบี 12

ในชีรั่มผู้ป่วยที่ผ่าตัดทำกระเพาะปัสสาวะเทียม

SERUM VITAMIN B₁₂ IN PATIENTS WITH
NEOBLADDER AFTER RADICAL CYSTECTOMY

ทุนวิจัยจาก : กองทุนพัฒนาคณภาพแพทยศาสตร์
มหาวิทยาลัยเชียงใหม่

ระยะเวลาดำเนินการ : สิงหาคม 2542 – สิงหาคม 2543

จัดสิทธิ์มหาวิทยาลัยเชียงใหม่

ผู้วิจัย : สุพจน์ วุฒิการณ์ M.D.

สุกัญญา ลินพิศาล Ph.D.

กิตติกรรมประกาศ
(ACKNOWLEDGEMENT)

คณะผู้วิจัยขอขอบคุณกองทุนพัฒนาคณบดีแพทยศาสตร์ มหาวิทยาลัยเชียงใหม่ ที่ได้สนับสนุนให้ทุนดำเนินการวิจัยนี้ให้สำเร็จลุล่วงตามวัตถุประสงค์

ขอขอบคุณ คุณจำรงค์ กิงแก้ว นักวิชาการสติ๊ติ ๖ สถาบันวิจัยวิทยาศาสตร์สุขภาพ มหาวิทยาลัยเชียงใหม่ ที่ให้ความอนุเคราะห์วิเคราะห์ข้อมูลผลการวิจัยทางสติ๊ติ



ลิขสิทธิ์มหาวิทยาลัยเชียงใหม่
Copyright © by Chiang Mai University
All rights reserved

ABSTRACT

Purpose : To compare serum levels of vitamin B₁₂ , folic acid , ferritin and hematologic status in patients with two types of surgical techniques namely ileal conduit and Mainz pouch technique.

Methods : Hemoglobin , hematocrit , serum ferritin , serum vitamin B₁₂ and serum folic acid were determined in 16 patients with ileal conduit (IC) and 10 patients with Mainz pouch (MP) surgical technique. The post operation period was between 9 months and more than 10 years. Results of both types of surgery and post operation period were compared.

Results : The mean levels of serum vitamin B₁₂ , folic acid , ferritin , hemoglobin and hematocrit in both groups were compared and found no statistical difference. Serum vitamin B₁₂ below reference level was found 12.5 % in IC group and 10 % in MP group. Serum folic acid was within reference range in all patients. The mean levels of all chemical parameters of patients with post operation period less than 5 years and more than 5 years were compared. The difference between the two groups was not statistically significant.

Conclusion : Serum level of vitamin B₁₂ , folic acid , ferritin and hematologic status in patients with bladder substitution by using terminal ileum should be monitored regularly.

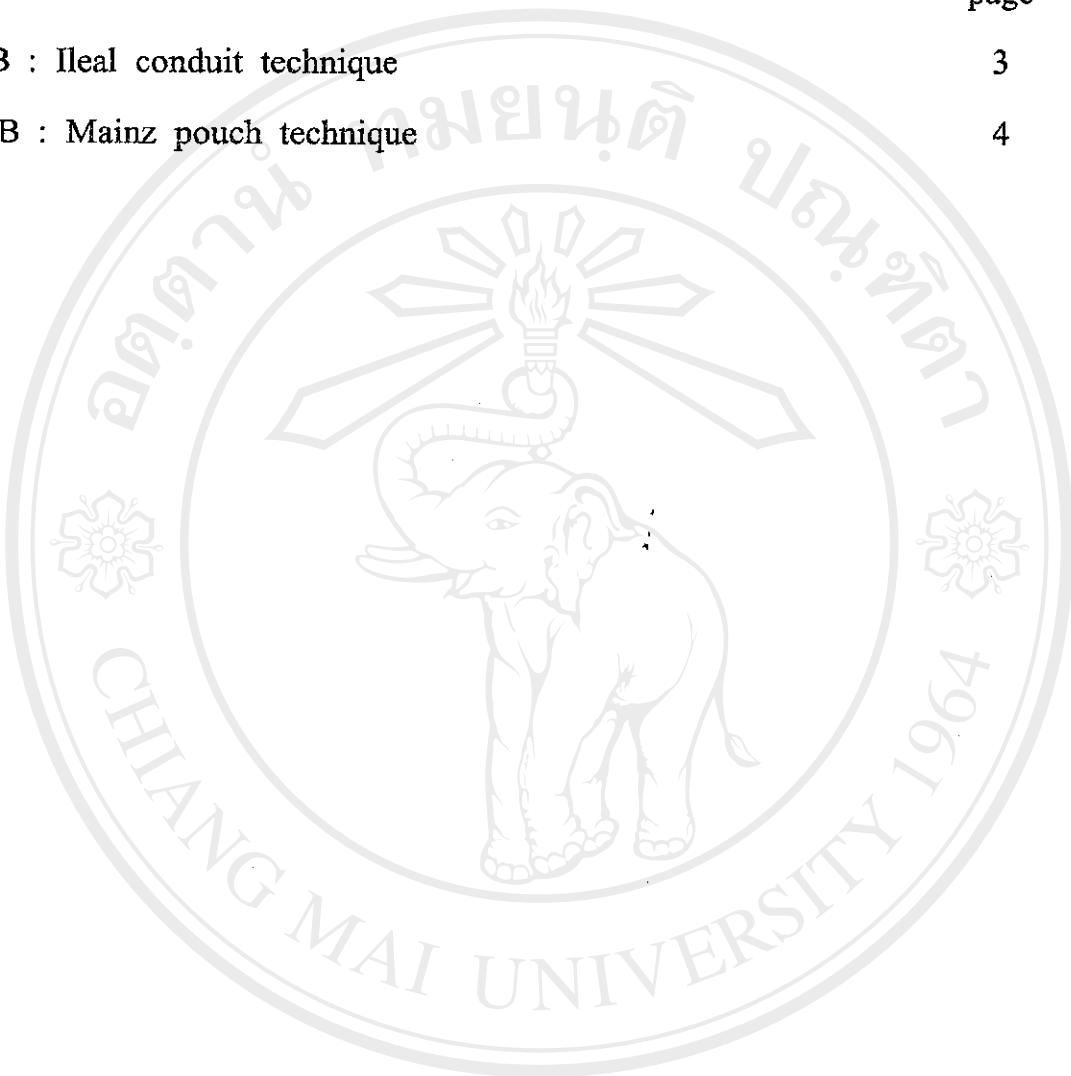
LIST OF CONTENTS

	page
ACKNOWLEDGEMENT (กิตติกรรมประการ)	A
ABSTRACT	B
INTRODUCTION	1
MATERIAL AND METHODS	2
RESULTS	7
DISCUSSION	10
CONCLUSION	12
REFERENCES	13
INVESTIGATORS CURRICULUM VITAE	15
APPENDIX :	
1. PATIENTS INFORMATIONS AND RESULTS OF BLOOD ANALYSIS	
2. DATA OF STATISTICAL ANALYSIS	
3. DATA OF VITAMIN B ₁₂ AND SERUM FOLIC ACID MEASUREMENT	

ลิขสิทธิ์มหาวิทยาลัยเชียงใหม่
Copyright[©] by Chiang Mai University
All rights reserved

LIST OF ILLUSTRATIONS

Figure	page
I ; A , B : Ileal conduit technique	3
II ; A , B : Mainz pouch technique	4



อิชิกรีนมหาวิทยาลัยเชียงใหม่
Copyright[©] by Chiang Mai University
All rights reserved

LIST OF TABLES

Table	page
1. Comparison of serum vitamin B ₁₂ , folic acid, ferritin and hematologic status in patients with Ileal conduit and Mainz pouch surgical technique	8
2. Comparison of serum vitamin B ₁₂ , folic acid, ferritin and hematologic status in patients with follow up less than and greater than 5 years in both surgical techniques	9

จัดทำโดย ภาควิชาชีวเคมี
Copyright © by Chiang Mai University
All rights reserved

INTRODUCTION

The use of intestinal portion, particularly small intestine and length in technique of bladder substitution may alter the absorption process and can result in nutritional deficiencies. It is known that the ileum is the absorption area for vitamin B₁₂. Thus the removal of these segments have the potential to increase risk of vitamin B₁₂ deficiency. Vitamin B₁₂ is unable to synthesize in human and must obtain from animal product, which is the main dietary source. Free vitamin B₁₂ must be released from dietary protein and bind to intrinsic factor in stomach. The vitamin B₁₂-intrinsic factor complex then proceeds to the ileum and attached to specific membrane receptor of the ileum and then is absorbed by phagocytosis (1). The purpose of this study is to assess the level of vitamin B₁₂, folic acid, ferritin and hematologic status in patients in whom part of the terminal ileum has been excluded for urological reconstruction.

จุฬาลงกรณ์มหาวิทยาลัยเชียงใหม่
Copyright[©] by Chiang Mai University
All rights reserved

MATERIAL AND METHODS

A total of 26 patients with invasive bladder cancer who underwent bladder replacement at Maharaj Nakorn Chiangmai Hospital between 1983-1999 were recruited. The patient consisted of 22 men and 4 women with mean age of 61 years (range 37 to 83) and of post operation period was 59 months (range 9 to 179). Two different techniques of bladder substitution were used, 16 patients were operated with ileal conduit technique whereas 10 patients employed Mainz pouch technique.

Surgical technique : in case of ileal conduit replacement, we used 15 cms long of distal ileum away from ileocecal valve 10 cms, to create the incontinence diversion (Fig. I ; A, B) and Mainz pouch we used 20 - 30 cms long of terminal ileum and 15 cms in length of ascending colon including the ileocecal valve to create the neobladder (Fig. II ; A, B).

จัดทำโดย ภาควิชาเวชศาสตร์มนุษย์
Copyright © by Chiang Mai University
All rights reserved

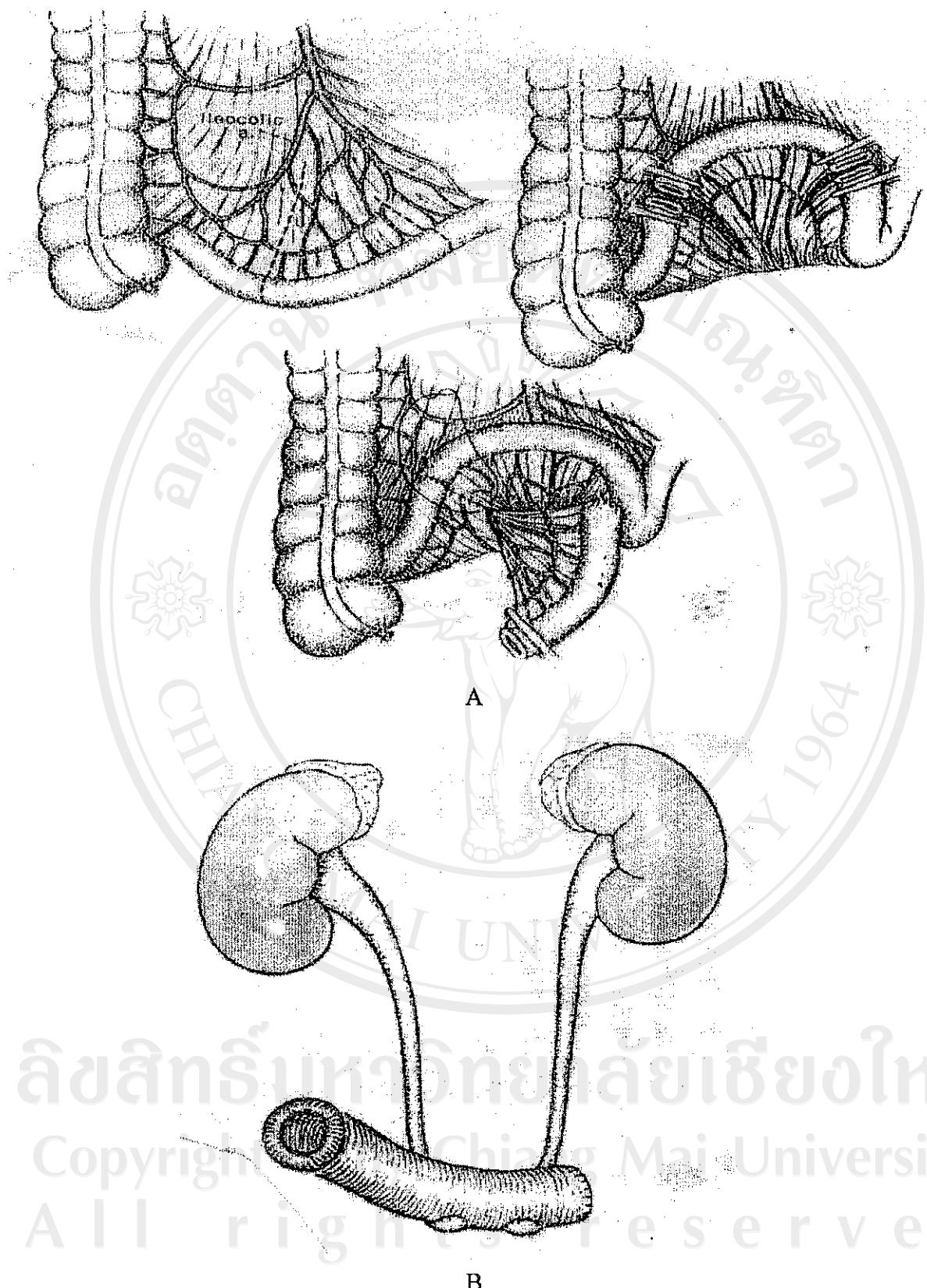


Fig. I ; A, B : Ileal conduit technique

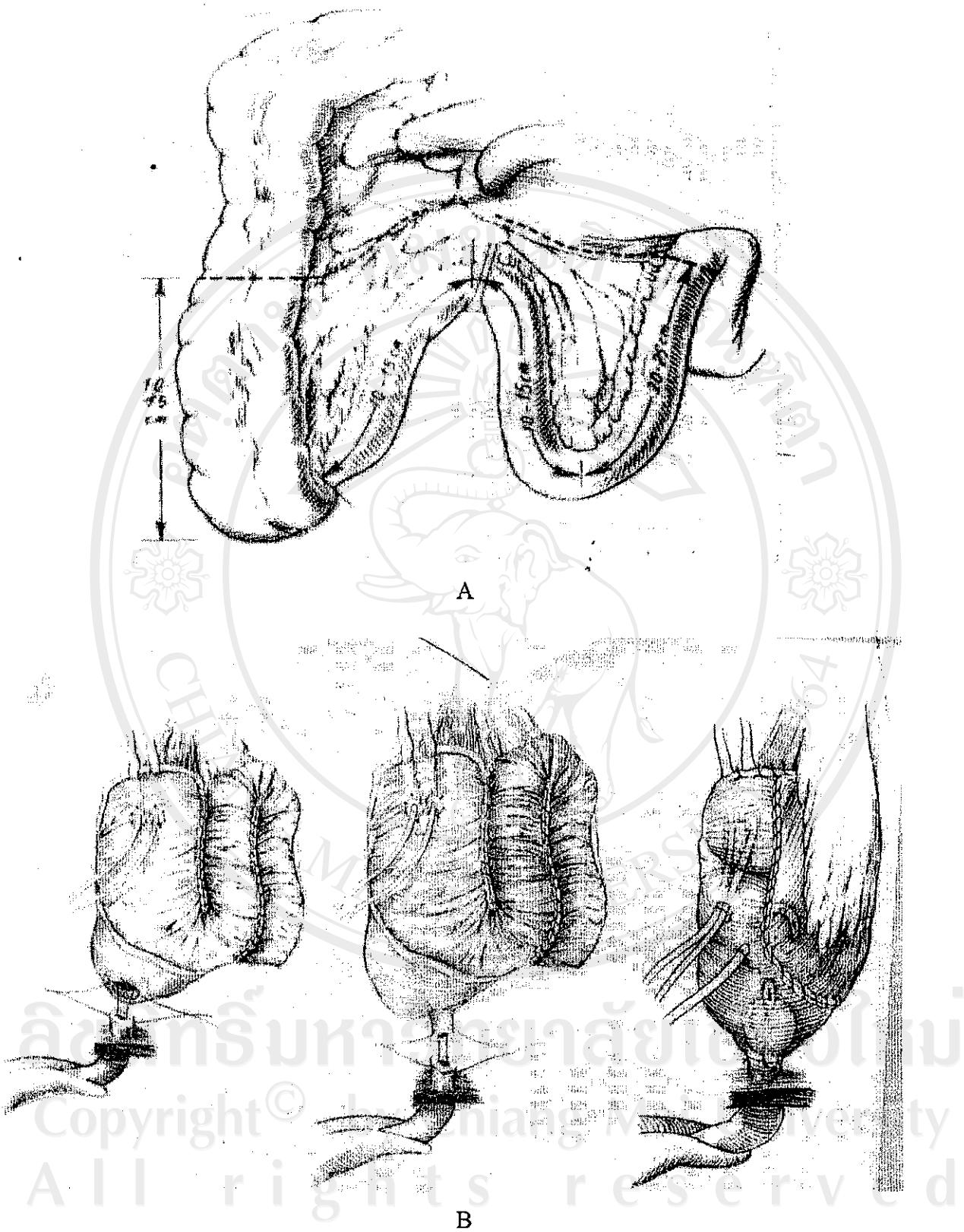


Fig. II : A, B ; Mainz pouch technique

Chemical analysis

Eight ml. of venous blood sample was taken for measurement of hemoglobin concentration, hematocrit , serum ferritin, serum vitamin B₁₂ and folic acid concentration. Hemoglobin was measured immediately on a specimen collected into EDTA – containing tubes by using an electronic counter fully automatic blood cell (Coulter Model STKS, Coulter Corporation, Miami, Florida, USA.). Hematocrit was measured by centrifuging a heparin – containing capillary tube at 2000 x g for 5 minutes at room temperature and comparing the height of the column of packed cells with the height of the entire column of red blood cell and plasma. The remaining of the blood sample was collected into the evacuated tube containing no anticoagulant. Within one hour, sample was centrifuged at 3,000 revolutions per minute for 10 minutes and serum was separated, divided into aliquots and stored at - 20⁰C prior to analysis. Serum ferritin was measured by an enzyme linked immuno sorbent assay (ELISA) employing horse – radish peroxidase as an enzyme lable and microtitre plate as solid phase (2). Serum vitamin B₁₂ and folic acid concentration were determined using a simultaneous radioassay kit (Dual Count Solid Phase No Boil Assay, KDSP1, Diagnostic Products Corporation, Los Angeles, CA, USA.), using a gamma counter (D 501001 Model 5010 COBRA QUANTUM, Automatic Gamma Counter, Packard Instrument Company, CT USA.).

The method for vitamin B₁₂ measurement was based on the competitive reaction between vitamin B₁₂ in serum and a known amount of ⁵⁷Co vitamin B₁₂ for binding to a limited amount of purified hog intrinsic factor. A bound and free form of vitamin B₁₂ was separated and the radioactive count present in the bound form of each sample was determined. The principle of serum folic acid measurement was similar to those of vitamin B₁₂. Folic acid labeled with ¹²⁵I and folate binding protein was employed. Simultaneous assay of vitamin B₁₂ and folic acid was accomplished with two isotopes, cobalt 57 (⁵⁷Co) and iodine 125 (¹²⁵I) which were easily separated by most dual channel gamma counters. (3)

A hemoglobin value below 12 g/dl and a hematocrit below 36 % were regarded as indications of iron deficiency anemia. Serum ferritin level of less than 20 ng/ml was considered as iron depletion(4). In addition , the reference range of serum vitamin B₁₂ and serum folic acid were 200 - 950 pg /ml and 3.0 –17.0 ng/ml respectively (3). Comparison between two groups was done with student's t test. All data were presented as mean ± SD unless otherwise stated and p < 0.05 was considered significant.

RESULTS

Results of the post operative measurement with respect to hemoglobin, hematocrit, vitaminB₁₂, ferritin and folic acid in both groups were compared and found no significant different (Table 1). However we found out that in group of patients with ileal conduit, the serum level of vitamin B₁₂ was below the normal value (< 200 pg/ml) in 2 out of 16 patients and in Mainz pouch group 1 out of 10 was abnormal. Concerning about serum level of ferritin there was only one from each group was below normal value and folic acid concentration was within normal range in all patients.

Depending on the time between operation and examination patients were divided into 2 groups ; I : less than 5 years post - operatively, II : more than 5 years. Both groups were compared and we found that there was no statistical difference (Table 2).

â€¢
Copyright[©] by Chiang Mai University
All rights reserved

TABLE 1

*Comparison of serum vitamin B12, folic acid, ferritin and hematologic status
in patients with Ileal conduit and Mainz pouch surgical technique*

	Ileal conduit (16)	Mainz pouch (10)	<i>p</i> value
	Mean \pm SD	Mean \pm SD	
Age (year)	61.2 \pm 11.2	60.8 \pm 8.6	0.91
Hb (g %)	12.41 \pm 1.36	13.33 \pm 1.63	0.13
< 12	(5/16 = 31.3 %)	(2/10 = 20 %)	
Hct (%)	37.8 \pm 4.1	39.7 \pm 5.06	0.29
< 36	(3/16 = 18.8 %)	(2/10 = 20 %)	
Vit B₁₂ (pg/ml)	512.1 \pm 268.5	515.0 \pm 328.9	0.98
< 200	(2/16 = 12.5 %)	(1/10 = 10 %)	
< 300	(3/16 = 18.8 %)	(3/10 = 30 %)	
Ferritin (ng/ml)	164.9 \pm 141.8	97.4 \pm 45.8	0.16
< 20	(1/16 = 6.3 %)	(1/10 = 10 %)	
Folic acid (ng/ml)	9.0 \pm 3.4	7.8 \pm 5.9	0.51
	none	none	

â€¢ ขอสงวนสิทธิ์ มหาวิทยาลัยเชียงใหม่
Copyright © by Chiang Mai University
All rights reserved

TABLE 2

Comparison of serum vitamin B₁₂, folic acid, ferritin and hematologic status in patients with follow up less than and greater than 5 years in both surgical technique

	Follow up < 5 years	Follow up > 5 years	p value
	(15)	(11)	
Hb (g /dl)	12.44 ± 1.40	13.20 ± 1.61	0.21
< 12	(4/15 = 26.7 %)	(3/11 = 27.3 %)	(1.0)
Hct (%)	37.8 ± 4.2	39.5 ± 4.9	0.36
< 36	(3/15 = 20 %)	(2/11 = 18.12 %)	(0.9)
Vit B ₁₂ (pg /ml)	513.3 ± 244.8	513.1 ± 348.8	1.0
< 200	(1/15 = 6.7 %)	(2/11 = 18.2 %)	
< 300	(2/15 = 13.3 %)	(4/11 = 36.4 %)	
Ferritin (ng /ml)	158.2 ± 145.2	112.6 ± 63.3	0.34
< 20	(1/15 = 6.7 %)	(1/11 = 9.1 %)	
Folic acid (ng / ml)	8.8 ± 3.7	8.1 ± 5.5	0.71
	none	none	
Age (year)	61.1 ± 11.1	61.1 ± 9.1	1.0

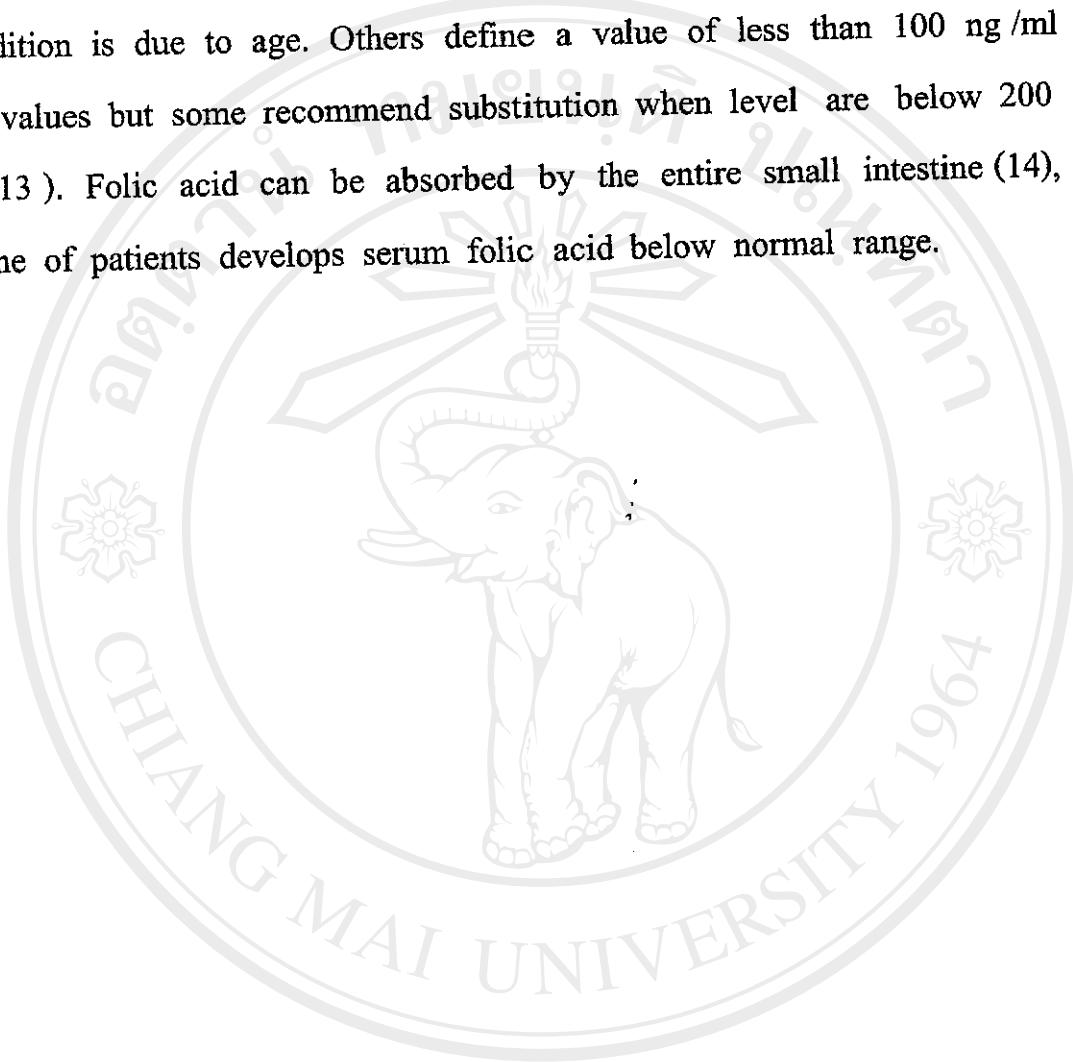
â€¢ ขลสกนหาวทยาลัยเชียงใหม่
 Copyright © by Chiang Mai University
 All rights reserved

DISCUSSION

Using bowel segment for construction of urinary tract are increasing nowadays, this result absorption of nutrient from the intestine. In previous study (5) it appeared that resection of 45 cms or more of ileum was likely to result in vitamin B₁₂ or fat malabsorption. Malabsorption of bile acid may effect absorption of fat soluble vitamin A, D, E and K. There have been few report of severe complication (6). Matsui et al noted no evidence of malabsorption in 30 patients with an ileal neobladder (7). Because human are not able to synthesize vitamin B₁₂ it must be ingested as food. It is absorbed in the terminal ileum with gastric intrinsic factor and for most part it is deposited in liver and bone marrow. Completed vitamin B₁₂ deficiency may manifest after 3 to 6 years but partial vitamin malabsorption may become clinically evidence only as long as 30 years (8). Malabsorption can result in megaloblastic anemia, Hunter's glossitis and or a spinocerebellar degenerative disease. However vitamin B₁₂ deficiency may also remain completely asymptomatic. In our 26 patients those with vitamin B₁₂ serum level below normal are also asymptomatic.

The degree of disturbed absorption depend on the length of removal ileal segment. Some studies demonstrated that on resection more than 60 cms of terminal ileum cause malabsorption of bile acid and vitamin B₁₂. No disturbances were noted when less than 60 cms were resected (9,10). However in our studies 3 patients in both groups had decreased in serum level vitamin B₁₂, this may due to elderly patient which corresponding to the

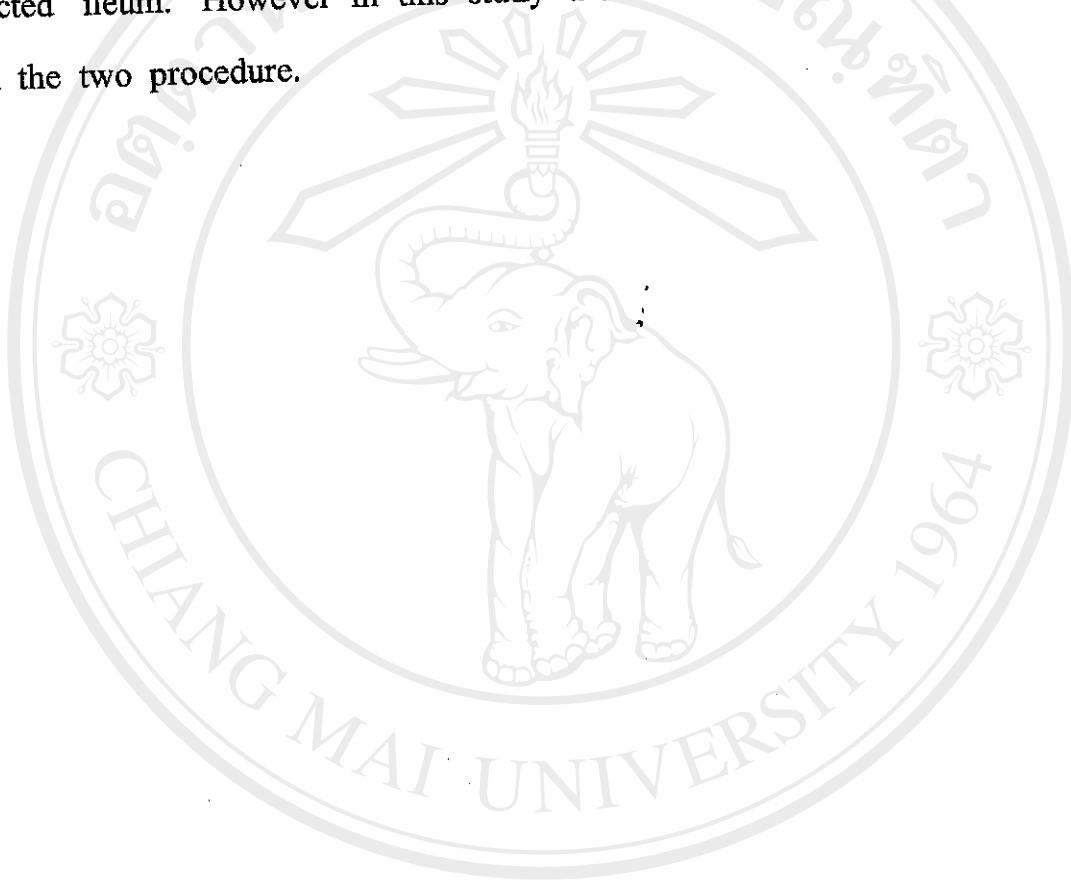
report approximately 5 to 8 % of the elderly population had lower serum vitamin B₁₂ (11,12). This corresponding to our study about 70 % of the patients were older than 60 years old. There is no controversy over whether this condition is due to age. Others define a value of less than 100 ng /ml as limit values but some recommend substitution when level are below 200 ng /ml (13). Folic acid can be absorbed by the entire small intestine (14), thus none of patients develops serum folic acid below normal range.



ลิขสิทธิ์มหาวิทยาลัยเชียงใหม่
Copyright © by Chiang Mai University
All rights reserved

CONCLUSION

Serum level of Vit B₁₂, folic acid, ferritin and hematologic status in patients with bladder substitution by using terminal ileum should be monitored regularly. Malabsorption of vitamin B₁₂ is related to the length of resected ileum. However in this study there is no statistically difference between the two procedure.



ลิขสิทธิ์มหาวิทยาลัยเชียงใหม่
Copyright © by Chiang Mai University
All rights reserved

REFERENCES

1. Seetharam B, Alpers D, Allen R. Isolation and characterization of the ileal receptor for the intrinsic factor – cobalamin. *J. Biol. Chem.*, **256** : 3785-9, 1981.
2. Linpisarn S., Kricka, L. J., Kenedy, J. H. and Whitehead, T. P. Sensitive sandwich enzyme immunoassay for serum ferritin on microtitre plates. *Am. Clin. Biochem.*, **18** : 48 – 53, 1981.
3. Dualcount solid phase no boil assay for vitamin B₁₂ / folic acid leavelet. Diagnostic products corporation LA, CA, USA.
4. Cook J. D, Finch CA. Assessing iron status of a population. *Am. J. Clin. Nutr.*, **32** : 2115 – 19, 1979.
5. Thomson WG, Tse GN, Beattle WG. Cholestyramine treatment of ileal excision diarrhea. *Can. J. Surg.*, **15** : 302, 1972.
6. Bertoni, J M. Abraham F. A. Falls H. F. and Itabashi H. H. small bowel resection with vitamin E deficiency and progressive spinocerebellar syndrome. *Neurology*, **34** : 1046, 1984.
7. Matsui U , Topoll , B. Miller K and Hauptmann, R, E. metabolic long – term follow up of the ileum neobladder. *Eur. Urol.*, **24** : 197, 1993.
8. Herbert, V. D and Colman N : Folic acid and vitamin B₁₂. In *Modern Nutrition in Health and Disease*. Edited by M. E Shils and VR. Young Philadelphia Lea & Febinger. pp. 388 – 416, 1988.
9. Felipsson S. Hulten, L. and Lindstedt G. : Malabsorption of fat and

- vitamin B₁₂ before and after intestine resection for Crohn's disease.
Scand. J. Gastroenterol., **13** : 529, 1978.
10. Thompson W. G. and Wrathell E. The relation between ileal resection and vitamin B₁₂ absorption. Can. J. Surg., **20** : 461, 1977.
11. Bunting, R. W, Britzer, A. M., Kenney, R. M and Ellman, L, : Prevalence of intrinsic factor antibodies and vitamin B₁₂ malabsorption in elder patient admitted to a rehabilitation hospital. J. Amer. Ger. Soc., **38** : 743, 1990.
12. Mc Rae, TD and Freedman M. L : Why vitamin B₁₂ deficiency should be managed aggressively. Geriatric, **44** : 70, 1989.
13. Chanarin, I : The Megaloblastic anemias. Oxford : Blackwell Scientific Publications, 1979.
14. Racioppi, M., D' Addessi, A., Fanasea, A., Mingrone, G., Benedetti, G., Capristo, E., Maussier, M. L., Valenza, V., Alcini, A. and Alcini, E. : Vitamin B₁₂ and folic acid plasma levels after ileal neobladder reconstruction. Urology, **50** : 888 – 892, 1997.

จัดทำโดย คณิตศาสตร์ มหาวิทยาลัยเชียงใหม่
Copyright © by Chiang Mai University
All rights reserved

INVESTIGATORS CURRICULUM VITAE

รายละเอียดหัวหน้าโครงการ (Principle Investigator)

● ค. นพ.สุพจน์ วุฒิการณ์

วัน เดือน ปี กีด วันที่ 26 มีนาคม 2487

สถานที่กีด อําเภอสันป่าตอง จังหวัดเชียงใหม่

ประวัติการศึกษา

พ.ศ.2506 มัธยมปีที่ 8 โรงเรียนบรินส์ร้อยเอ็ดวิทยาลัย จังหวัดเชียงใหม่

พ.ศ.2511 ปริญญาตรี (Bsc. Chemistry) University of the Philipines, Philipines

พ.ศ.2516 แพทยศาสตร์บัณฑิต, Southwestern University Philipines

พ.ศ.2520 ภูมิบัตรศัลยศาสตร์ทั่วไป แพทยสภา

พ.ศ.2522 อนุมัติบัตรศัลยศาสตร์ชูโรวิทยา แพทยสภา

แขนงวิชาชีพที่สนใจในปัจจุบัน

1. การปลูกถ่ายไต
2. มะเร็งทางเดินปัสสาวะ

ส่วนรับผิดชอบในโครงการนี้

1. เกี่ยนโครงการวิจัยครั้งนี้
2. จัดพิมพ์เอกสารเกี่ยวกับการวิจัยให้กรรมการวิจัย และหาแหล่งที่พิมพ์

ประสบการณ์การวิจัยและผลงานตีพิมพ์ที่เกี่ยวข้องกับสาขาที่จะทำวิจัยครั้งนี้

1. Wudhikarn S., Soonthornpun S. Non stomal continent reservoir with detubularized ileocolonic bladder replacement after radical prostacystectomy. Thai J Surg 14 : 9-14, 1993
2. สุพจน์ วุฒิการณ์, สุริธรรม สุนทรพันธ์, บรรณกิจ โลจนาภิวัฒน์. Rectosigmoid Pouch after radical cystectomy in bladder cancer patient. วารสารชูโร ปีที่ 14 ฉบับที่ 14 มิ.ย. 2539 หน้า 37-41
3. สุพจน์ วุฒิการณ์. Surgical management of bladder cancer by Non – Stomal continent reservoir. วารสารทหารอากาศ Vol. 35 No. 2 ปี 1985

รายละเอียดผู้ร่วมวิจัย (Co-investigator)

● ดร.สุกัญญา ตินพิศาล

สถาบันวิจัยวิทยาศาสตร์สุขภาพ มหาวิทยาลัยเชียงใหม่

การศึกษา

พ.ศ.2513 ว.ท.บ.(เคมี) มหาวิทยาลัยเชียงใหม่

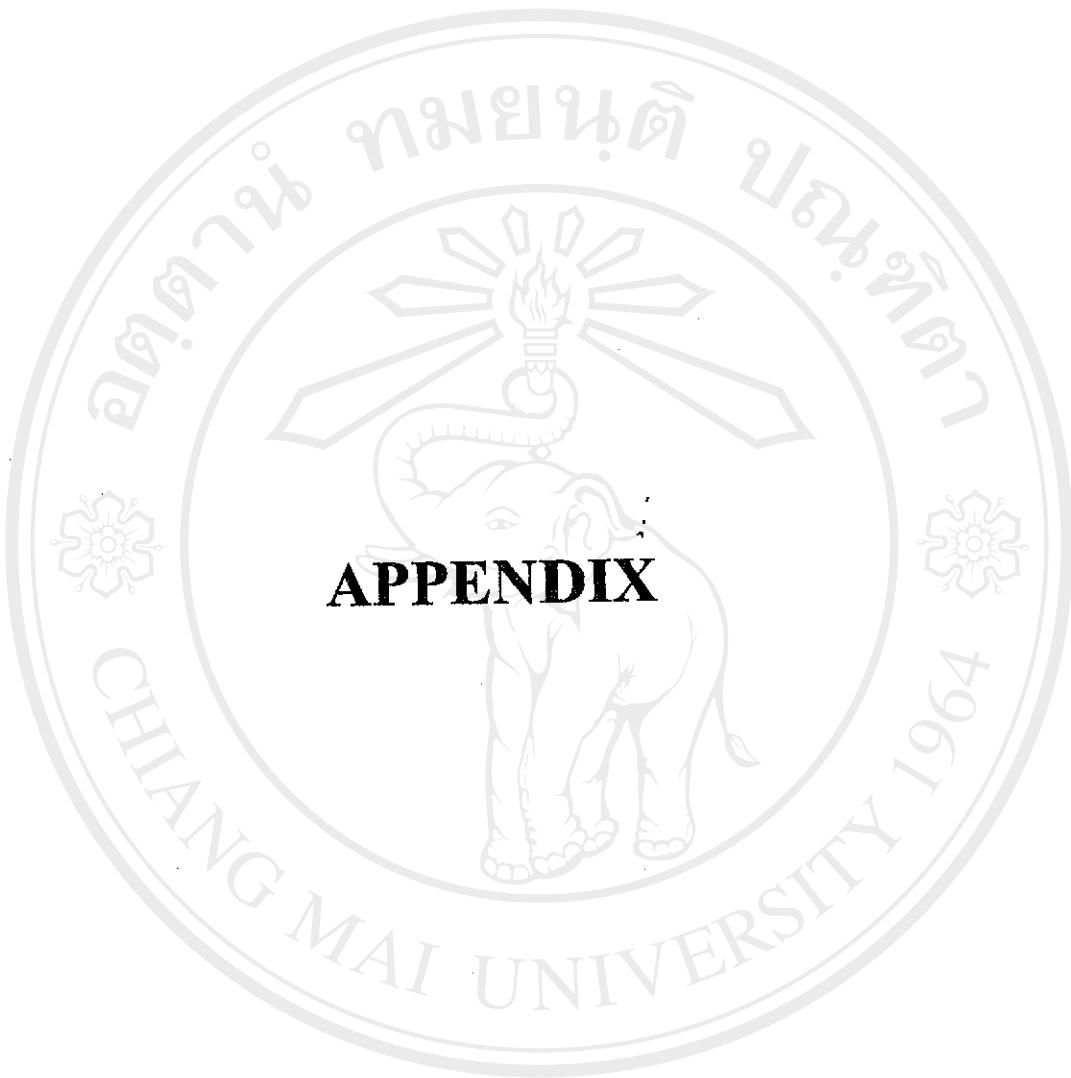
พ.ศ.2525 Ph.D.(Clin chem) U. of Birmingham, U.K.

ส่วนรับผิดชอบในโครงการนี้

- วิเคราะห์หารดับวิตามิน B₁₂ ในเลือด
- รวบรวมข้อมูล, วิเคราะห์ข้อมูล

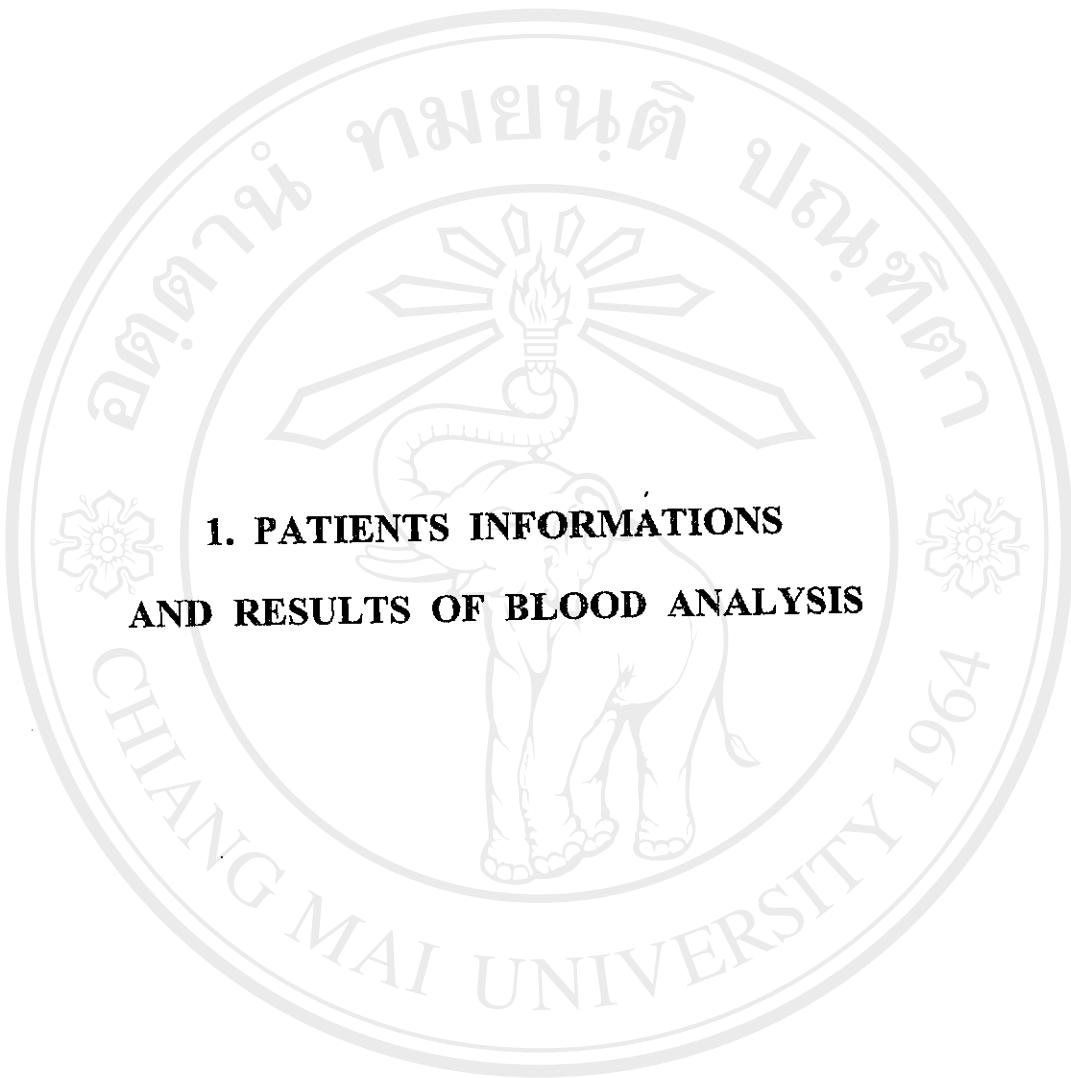
ประสบการณ์การวิจัยและผลงานตีพิมพ์ที่เกี่ยวข้องกับสาขาที่จะทำการวิจัยครั้งนี้

1. S. Linpisarn, L. J. Kricka, J. H. Kenedy and TP. Whitehead (1981) : Sensitive Sandwich Enzyme Immunoassay for Serum Ferritin on Microtitre Plates. Ann Clin Biochem 18, 48-53
2. S. Linpisarn, P.M.S. Clark, L. J. Kricka and TP. Whitehead (1981). Isotachophoretic Assessment of Enzyme Immunoglobulin conjugates used in Enzyme Immunoassay in Electrophoresis' 81 (1981) (Allen, Armand Editors) Walter de Graytes & Co Berlin New York page 767-780
3. S. Linpisarn, W. Kunachiwa T, Laokuldilok J. et al (1986). Iron Status and the Effect of Iron Supplementation in Thai male blood donors in Northern Thailand, Southeast Asian J Trop Med Pub Hlth 17 (2) 177-183
4. S. Linpisarn, P. Tienboon et al. Iron deficiency and anemia in children with a high prevalence of hemoglobinopathies : Implication for screening (1996) In J Epidemiol 25 (6) 1261-1265



APPENDIX

อิชสิทธิ์มหาวิทยาลัยเชียงใหม่
Copyright[©] by Chiang Mai University
All rights reserved



**1. PATIENTS INFORMATIONS
AND RESULTS OF BLOOD ANALYSIS**

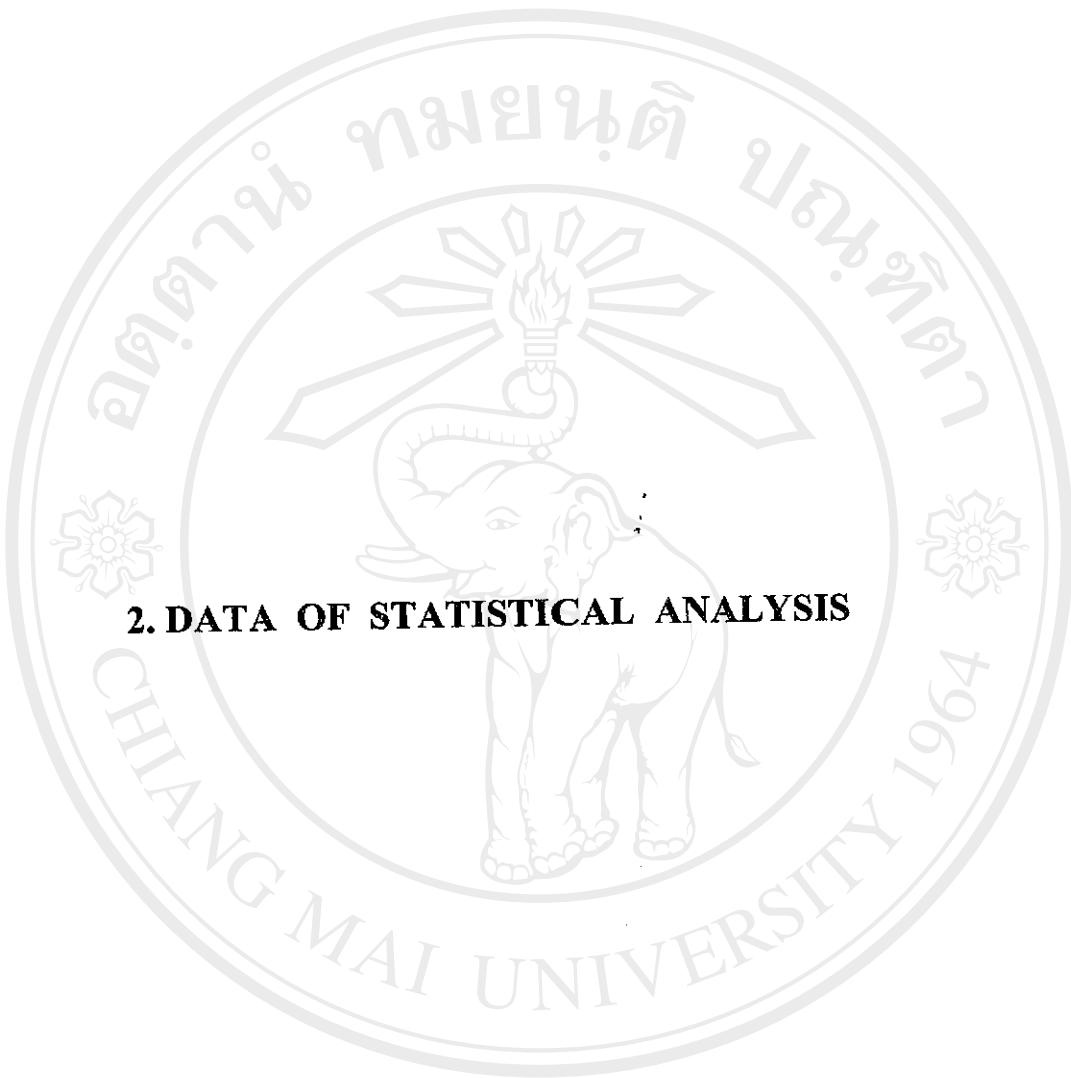
ลิขสิทธิ์มหาวิทยาลัยเชียงใหม่
Copyright[©] by Chiang Mai University
All rights reserved

1 : Patients Informations and Results of Blood Analysis

No	ชื่อ - สกุล	HN	Sex	Age	Date of Operation	Post operation period	Type of diversion	Date of investigation	Hb (g/dl)	Hct (%)	Vit B12 (pg/ml)	Ferritin (ng/ml)	Folic acid (ng/ml)
							Year	Month					
1	นายมาโนด์ พัฒน์ภูรัษฐ์	1662597	ชาย	56	13/11/33	9	10	Ileal conduit	22/9/42	11.9	37.0	141.1	124.1
2	นายปริญ วิเศษนิศา	1863264	ชาย	52	8/12/35	6	10	Mainz pouch	15/9/42	13.5	41.0	324.6	100
3	นายปริญ จันทร์วงศ์	687022	ชาย	68	2/12/41	1	7	Ileal Conduit	15/9/42	13.7	40.0	204.1	7.8
4	นายมานะ วิชิตธรรมภูผลาร	1240161	ชาย	67	14/10/40	1	11	Ileal Conduit	13/9/42	13.1	38.3	459.8	132.5
5	นายจงปาน นรนงาม	1996251	ชาย	65	1/18/37	5	1	Mainz pouch	15/9/42	12.6	38.6	485.1	108.6
6	นายสุรชัย พรมย์กร	1660817	ชาย	68		10	0	Mainz pouch	15/9/42	14.6	44.0	217.1	74.1
7	นายศิริน พาสิทธิ์	1850818	ชาย	57	2/2/36	6	7	Mainz pouch	15/9/42	14.3	43.0	684	110.6
8	นายเส็ง ปราบอรุณ	1844344	ชาย	64	20/7/35	7	2	Mainz pouch	6/10/42	13.3	38.0	583.9	155.6
9	นายวิเชียร เรืองนนท์	1495291	ชาย	42		7	2	Mainz pouch	22/9/42	15.5	46.0	192.6	16.6
10	ว.ส.ส. ต. หา หลวง	1985423	ชาย	61	9/9/39	3	0	Ileal Conduit	22/9/42	11.5	35.3	437.1	186.1
11	นายปั่น ฤทธิ์ยานนิช	1903033	ชาย	71	7/9/36	6	0	Mainz pouch	29/9/42	11.1	33.0	611.1	92
12	นายสมราษ พัฒนาสนธิ	2273375	ชาย	61	11/8/41	1	1	Ileal Conduit	29/9/42	13.2	39.0	589.1	89.9
13	นายสุรัษ พวงลดคล้า	2131399	ชาย	75	24/6/39	3	3	Ileal Conduit	6/10/42	13	39.0	404.1	103.3
14	นายเสกชัย ศรีดี	2237768	ชาย	59	20/1/41	1	8	Ileal Conduit	6/10/42	13.3	42.0	1137.6	183.3
15	นายสุพันธ์ เต่า	2265442	ชาย	49	9/6/41	1	4	Ileal Conduit	6/10/42	13.8	44.0	725.1	42.4

11 : Patients Informations and Results of Blood Analysis

No	ชื่อ - สกุล	HN	Sex	Age	Date of Operation	Month	Type of diversion	Date of investigation	(g/dl)	Hb (%)	Hct (%)	Vit B12 (pg/ml)	Ferritin (ng/ml)	Folic acid (ng/ml)
16	นายชัย วิษณุรักษ์	1833127	ชาย	59	29/9/35	7	2	Mainz pouch	22/9/42	14.4	43.8	475	33.4	5.1
17	นายคำ คำญุน	918895	ชาย	83	27/1/40	2	8	Ileal Conduit	29/9/42	13.5	40.0	336.9	102.5	7.8
18	นางรุ่งนา ลูกะยะมณี	2171314	หญิง	54	28/10/40	1	11	Ileal Conduit	29/9/42	12.1	36.0	646.1	575.9	7
19	นายชัย ใจดี	2236197	ชาย	63	18/11/40	1	10	Ileal Conduit	22/9/42	12.3	35.6	149.3	41.8	6.1
20	นางสาวอรุณี ศรีดอกน้ำ	2154793	หญิง	52	15/10/39	2	11	Ileal Conduit	22/9/42	13.1	39.7	306.4	334.8	15.7
21	นายป้อม ใจเต็มเม็ด	1830178	ชาย	64	19/5/35	7	4	Mainz pouch	22/9/42	13.8	40	1312.9	148.7	9.7
22	นายปราง บุญจวน	1269053	ชาย	73	22/10/27	14	11	Ileal Conduit	22/9/42	12.6	38.6	837.5	249.4	7.3
23	นางสี คำลีอุ	2224057	หญิง	68	30/9/40	2	0	Ileal Conduit	29/9/42	8.2	25.0	681.1	282.2	13.6
24	นายเข้า ใจยะแสง	1650435	ชาย	66	1/5/33	9	10	Mainz pouch	22/9/42	10.2	30.0	263.7	134.5	23.6
25	นางพรพิศ ถ้าแต่ง	1983830	หญิง	37	3/10/38	4	0	Ileal Conduit	22/9/42	11.5	38.0	461.3	105.1	16.2
26	นายกำจัด ดวงจันทร์	2311013	ชาย	54	12/1/42	0	9	Ileal Conduit	6/10/42	11.7	37.0	676.4	77.1	6.4



2. DATA OF STATISTICAL ANALYSIS

อิชสิทธิ์มหาวิทยาลัยเชียงใหม่
Copyright[©] by Chiang Mai University
All rights reserved

2 : DATA OF STATISTICAL ANALYSIS

. Comparison by group

. ttest Age, by(treat)

Two-sample t test with equal variances

Group	Obs	Mean	Std. Err.	Std. Dev.	[95% Conf. Interval]
1	16	61.25	2.805501	11.222	55.27022 67.22978
2	10	60.8	2.727636	8.625543	54.62966 66.97034
combined	26	61.07692	1.984496	10.11898	56.98978 65.16407
diff		.45	4.162193	-8.140345	9.040345

Degrees of freedom: 24

Ho: mean(1) - mean(2) = diff = 0

Ha: diff < 0

Ha: diff ~ 0

Ha: diff > 0

t = 0.1081

t = 0.1081

t = 0.1081

P < t = 0.5426

P > |t| = 0.9148

P > t = 0.4574

. ttest Hb, by(treat)

Two-sample t test with equal variances

Group	Obs	Mean	Std. Err.	Std. Dev.	[95% Conf. Interval]
1	16	12.40625	.3402779	1.361112	11.68096 13.13154
2	10	13.33	.515978	1.631666	12.16278 14.49722
combined	26	12.76154	.2961329	1.509987	12.15164 13.37144
diff		-.9237501	.5919402	-2.145455	.2979544

Degrees of freedom: 24

Ho: mean(1) - mean(2) = diff = 0

Ha: diff < 0	Ha: diff ~ 0	Ha: diff > 0
t = -1.5605	t = -1.5605	t = -1.5605
P < t = 0.0659	P > t = 0.1317	P > t = 0.9341

ttest Hct, by(treat)

Two-sample t test with equal variances

Group	Obs	Mean	Std. Err.	Std. Dev.	[95% Conf. Interval]
1	16	37.78125	1.025964	4.103855	35.59446 39.96804
2	10	39.74	1.601125	5.063201	36.118 43.362
combined	26	38.53462	.8831402	4.503149	36.71575 40.35348
diff		-1.95875	1.809053	-5.692451	1.774951

Degrees of freedom: 24

Ho: mean(1) - mean(2) = diff = 0

Ha: diff < 0	Ha: diff ~ 0	Ha: diff > 0
t = -1.0827	t = -1.0827	t = -1.0827
P < t = 0.1448	P > t = 0.2897	P > t = 0.8552

ttest Vit_B12, by(treat)

Two-sample t test with equal variances

Group	Obs	Mean	Std. Err.	Std. Dev.	[95% Conf. Interval]
-------	-----	------	-----------	-----------	----------------------

1	16	512.0625	67.13438	268.5375	368.9689	655.156
2	10	515	104.0177	328.9329	279.6956	750.3045
-----+-----						
combined	26	513.1923	56.23455	286.7411	397.3751	629.0095
-----+-----						
diff		-2.937513	117.971	-246.4177	240.5427	
-----+-----						

Degrees of freedom: 24

Ho: mean(1) - mean(2) = diff = 0

Ha: diff < 0	Ha: diff ~ 0	Ha: diff > 0
t = -0.0249	t = -0.0249	t = -0.0249
P < t = 0.4902	P > t = 0.9803	P > t = 0.5098

ttest Folic_ac, by(treat)

Two-sample t test with equal variances

Group	Obs	Mean	Std. Err.	Std. Dev.	[95% Conf. Interval]	
1	16	9.00625	.85066	3.40264	7.193111 10.81939	
2	10	7.78	1.871589	5.918483	3.546172 12.01383	
-----+-----						
combined	26	8.534615	.8754593	4.463984	6.731573 10.33766	
-----+-----						
diff		1.22625	1.819459	-2.528929	4.98143	
-----+-----						

Degrees of freedom: 24

Ho: mean(1) - mean(2) = diff = 0

Ha: diff < 0	Ha: diff ~ 0	Ha: diff > 0
t = 0.6740	t = 0.6740	t = 0.6740
P < t = 0.7466	P > t = 0.5068	P > t = 0.2534

ttest Ferritin, by(treat)

Two-sample t test with equal variances

Group	Obs	Mean	Std. Err.	Std. Dev.	[95% Conf. Interval]
1	16	164.8875	35.45111	141.8044	89.32526 240.4497
2	10	97.41	14.49079	45.8239	64.62956 130.1904
combined	26	138.9346	23.15651	118.0755	91.24288 186.6263
diff		67.4775	46.5857	-28.67066	163.6257

Degrees of freedom: 24

H₀: mean(1) - mean(2) = diff = 0

H_a: diff < 0

t = 1.4485

P < t = 0.9198

H_a: diff ~ 0

t = 1.4485

P > |t| = 0.1604

H_a: diff > 0

t = 1.4485

P > t = 0.0802

% Deficiency

. tab hbq Heamoglobin

hbq	Freq.	Percent	Cum.
1	7	26.92	26.92
2	19	73.08	100.00
Total	26	100.00	

. tab hctg Hematocrit

hctg	Freq.	Percent	Cum.
1	5	19.23	19.23
2	21	80.77	100.00
Total	26	100.00	

. tab b12g B12 <200

b12g	Freq.	Percent	Cum.
1	3	11.54	11.54
2	23	88.46	100.00
Total	26	100.00	

. tab b12g2 B12 <300

b12g2	Freq.	Percent	Cum.
1	6	23.08	23.08
2	20	76.92	100.00
Total	26	100.00	

. tab folicg Folic Acid

folicg	Freq.	Percent	Cum.
2	26	100.00	100.00
Total	26	100.00	

```
. tab ferg Ferritin
```

ferg	Freq.	Percent	Cum.
1	2	7.69	7.69
2	24	92.31	100.00
Total	26	100.00	

```
. Mean and SD by year of follow-up
```

```
. table time, c(mean Hb sd Hb)
```

time	mean(Hb)	sd(Hb)
1	12.44	1.401937
2	13.2	1.60686

1 = follow up < 5 yrs

2 = follow up > 5 yrs

```
. table time, c(mean Hct sd Hct)
```

time	mean(Hct)	sd(Hct)
1	37.83333	4.242416
2	39.49091	4.873901

```
. table time, c(mean Vit_B12 sd Vit_B12)
```

time	mean(Vit_B12)	sd(Vit_B12)

1 | 513.3 244.7838

2 | 513.0455 348.8041

. table time, c(mean Ferritin sd Ferritin)

time | mean(Ferritin) sd(Ferritin)

1 | 158.22 145.2394

2 | 112.6364 63.27425

. table time, c(mean Folic_ac sd Folic_ac)

time | mean(Folic_ac) sd(Folic_ac)

1 | 8.826667 3.748613

2 | 8.136364 5.462833

จิรศิลป์มหาวิทยาลัยเชียงใหม่

Copyright[©] by Chiang Mai University

All rights reserved

.ttest Hb,by(time)

1 = follow up < 5 yrs

Two-sample t test with equal variances

2 = follow up > 5 yrs

Group	Obs	Mean	Std. Err.	Std. Dev.	[95% Conf. Interval]
+					
1	15	12.44	.3619787	1.401938	11.66363 13.21637
2	11	13.2	.4844866	1.60686	12.1205 14.2795
+					
combined	26	12.76154	.2961329	1.509987	12.15164 13.37144

diff		-.76	.5917651		-1.981343 -.4613431

Degrees of freedom: 24

Ho: mean(1) - mean(2) = diff = 0

Ha: diff < 0

t = -1.2843

P < t = 0.1056

Ha: diff ~ 0

t = -1.2843

P > |t| = 0.2113

Ha: diff > 0

t = -1.2843

P > t = 0.8944

.ttest Hct,by(time)

Two-sample t test with equal variances

Group	Obs	Mean	Std. Err.	Std. Dev.	[95% Conf. Interval]
+					
1	15	37.83333	1.095387	4.242416	35.48396 40.1827
2	11	39.49091	1.469536	4.873901	36.21658 42.76524
+					
combined	26	38.53462	.8831402	4.503149	36.71575 40.35348

diff		-1.657576	1.792773		-5.357678 2.042526

Degrees of freedom: 24

Ho: mean(1) - mean(2) = diff = 0

Ha: diff < 0 Ha: diff ~ 0 Ha: diff > 0
t = -0.9246 t = -0.9246 t = -0.9246
P < t = 0.1822 P > |t| = 0.3644 P > t = 0.8178

.ttest Vit_B12,by(time)

Two-sample t test with equal variances

Group	Obs	Mean	Std. Err.	Std. Dev.	[95% Conf. Interval]
+-----					
1	15	513.3	63.2029	244.7838	377.7433 648.8567
2	11	513.0455	105.1684	348.8041	278.7156 747.3753
+-----					
combined	26	513.1923	56.23455	286.7411	397.3751 629.0095
+-----					
diff		.2545328	116.1713	-239.5113	240.0204

Degrees of freedom: 24

Ho: mean(1) - mean(2) = diff = 0

Ha: diff < 0 Ha: diff ~ 0 Ha: diff > 0
t = 0.0022 t = 0.0022 t = 0.0022
P < t = 0.5009 P > |t| = 0.9983 P > t = 0.4991

.ttest Ferritin,by(time)

Two-sample t test with equal variances

Group	Obs	Mean	Std. Err.	Std. Dev.	[95% Conf. Interval]
+-----					
1	15	158.22	37.50066	145.2394	77.78909 238.6509
2	11	112.6364	19.0779	63.27425	70.12815 155.1446

combined | 26 138.9346 23.15651 118.0755 91.24288 186.6263

diff | 45.58364 46.92391 -51.26255 142.4298

Degrees of freedom: 24

Ho: mean(1) - mean(2) = diff = 0

Ha: diff < 0

t = 0.9714

P < t = 0.8295

Ha: diff ~ 0

t = 0.9714

P > |t| = 0.3410

Ha: diff > 0

t = 0.9714

P > t = 0.1705

.ttest Folic_ac,by(time)

Two-sample t test with equal variances

Group | Obs Mean Std. Err. Std. Dev. [95% Conf. Interval]

1 | 15 8.826667 .9678876 3.748613 6.750754 10.90258

2 | 11 8.136364 1.647106 5.462833 4.466382 11.80634

combined | 26 8.534615 .8754593 4.463984 6.731573 10.33766

diff | .6903031 1.803058 -3.031025 4.411631

Degrees of freedom: 24

Ho: mean(1) - mean(2) = diff = 0

Ha: diff < 0

t = 0.3829

P < t = 0.6474

Ha: diff ~ 0

t = 0.3829

P > |t| = 0.7052

Ha: diff > 0

t = 0.3829

P > t = 0.3526

.ttest Age,by(time)

Two-sample t test with equal variances

Group	Obs	Mean	Std. Err.	Std. Dev.	[95% Conf. Interval]
1	15	61.06667	2.875954	11.13852	54.89836 67.23497
2	11	61.09091	2.73514	9.071434	54.99664 67.18518
combined	26	61.07692	1.984496	10.11898	56.98978 65.16407
diff		-0.0242424	4.09964		-8.485483 8.436998

Degrees of freedom: 24

H₀: mean(1) - mean(2) = diff = 0

H_a: diff < 0

t = -0.0059

P < t = 0.4977

H_a: diff ~ 0

t = -0.0059

P > |t| = 0.9953

H_a: diff > 0

t = -0.0059

P > t = 0.5023

.tab treat hbq, ro co ch

treat	hbq		Total	X axis 1 = IC 2 = MP	
	1	2		Y axis 1 = deficiency 2 = normal	
1	5	11	16		
	31.25	68.75	100.00		
	71.43	57.89	61.54		
2	2	8	10		
	20.00	80.00	100.00		
	28.57	42.11	38.46		

Total	7	19	26
	26.92	73.08	100.00
	100.00	100.00	100.00

Pearson chi2(1) = 0.3959 Pr = 0.529

. tab treat hctg, ro co ch

		hctg		Total
treat	1	2		
1	3	13	16	
	18.75	81.25	100.00	
	60.00	61.90	61.54	
2	2	8	10	
	20.00	80.00	100.00	
	40.00	38.10	38.46	
Total		5	21	26
		19.23	80.77	100.00
		100.00	100.00	100.00

Pearson chi2(1) = 0.0062 Pr = 0.937

. tab treat b12g, ro co ch

		b12g		Total
treat	1	2		
1	2	14	16	
	12.50	87.50	100.00	
	66.67	60.87	61.54	
2	1	9	10	
	10.00	90.00	100.00	
	33.33	39.13	38.46	

Total	3	23	26
	11.54	88.46	100.00
	100.00	100.00	100.00

Pearson chi2(1) = 0.0377 Pr = 0.846

. tab treat b12g2, ro co ch

b12g2			
treat	1	2	Total
1	3	13	16
	18.75	81.25	100.00
	50.00	65.00	61.54
2	3	7	10
	30.00	70.00	100.00
	50.00	35.00	38.46
Total	6	20	26
	23.08	76.92	100.00
	100.00	100.00	100.00

Pearson chi2(1) = 0.4388 Pr = 0.508

. tab treat folicg, ro co ch

folicg			
treat	2	Total	
1	16	16	
	100.00	100.00	
	61.54	61.54	
2	10	10	
	100.00	100.00	
	38.46	38.46	

Total	26	26
-------	----	----

100.00	100.00
--------	--------

100.00	100.00
--------	--------

. tab treat ferg, ro co ch

| ferg

treat	1	2	Total
-------	---	---	-------

1	1	15	16
	6.25	93.75	100.00
	50.00	62.50	61.54

2	1	9	10
	10.00	90.00	100.00
	50.00	37.50	38.46

Total	2	24	26
	7.69	92.31	100.00
	100.00	100.00	100.00

Pearson chi2(1) = 0.1219 Pr = 0.727

. tab hbq time, ch cell

X axis 1 = follow up < 5 yrs

2 = follow up > 5 yrs

| time

hbq	1	2	Total
	4	3	7
	15.38	11.54	26.92

2	11	8	19
	42.31	30.77	73.08

Total	15	11	26
	57.69	42.31	100.00

Pearson chi2(1) = 0.0012 Pr = 0.973

.tab hctg time, ch cell

		time		Total
hctg	1	2		
1	3	2	5	
	11.54	7.69	19.23	
2	12	9	21	
	46.15	34.62	80.77	
Total	15	11	26	
	57.69	42.31	100.00	

Pearson chi2(1) = 0.0135 Pr = 0.907

.tab b12g time, ch cell

		time		Total
b12g	1	2		
1	1	2	3	
	3.85	7.69	11.54	
2	14	9	23	
	53.85	34.62	88.46	
Total	15	11	26	
	57.69	42.31	100.00	

Pearson chi2(1) = 0.8244 Pr = 0.364

. tab b12g2 time, ch cell

		time		Total
b12g2	1	2		
1	2	4	6	
	7.69	15.38		23.08
2	13	7	20	
	50.00	26.92		76.92
Total	15	11	26	
	57.69	42.31		100.00

Pearson chi2(1) = 1.8962 Pr = 0.169

. tab folicg time, ch cell

		time		Total
folicg	1	2		
2	15	11	26	
	57.69	42.31		100.00
Total	15	11	26	
	57.69	42.31		100.00

. tab ferg time, ch cell

		time		Total
ferg	1	2		
1	1	1	2	
	3.85	3.85		7.69
2	14	10	24	

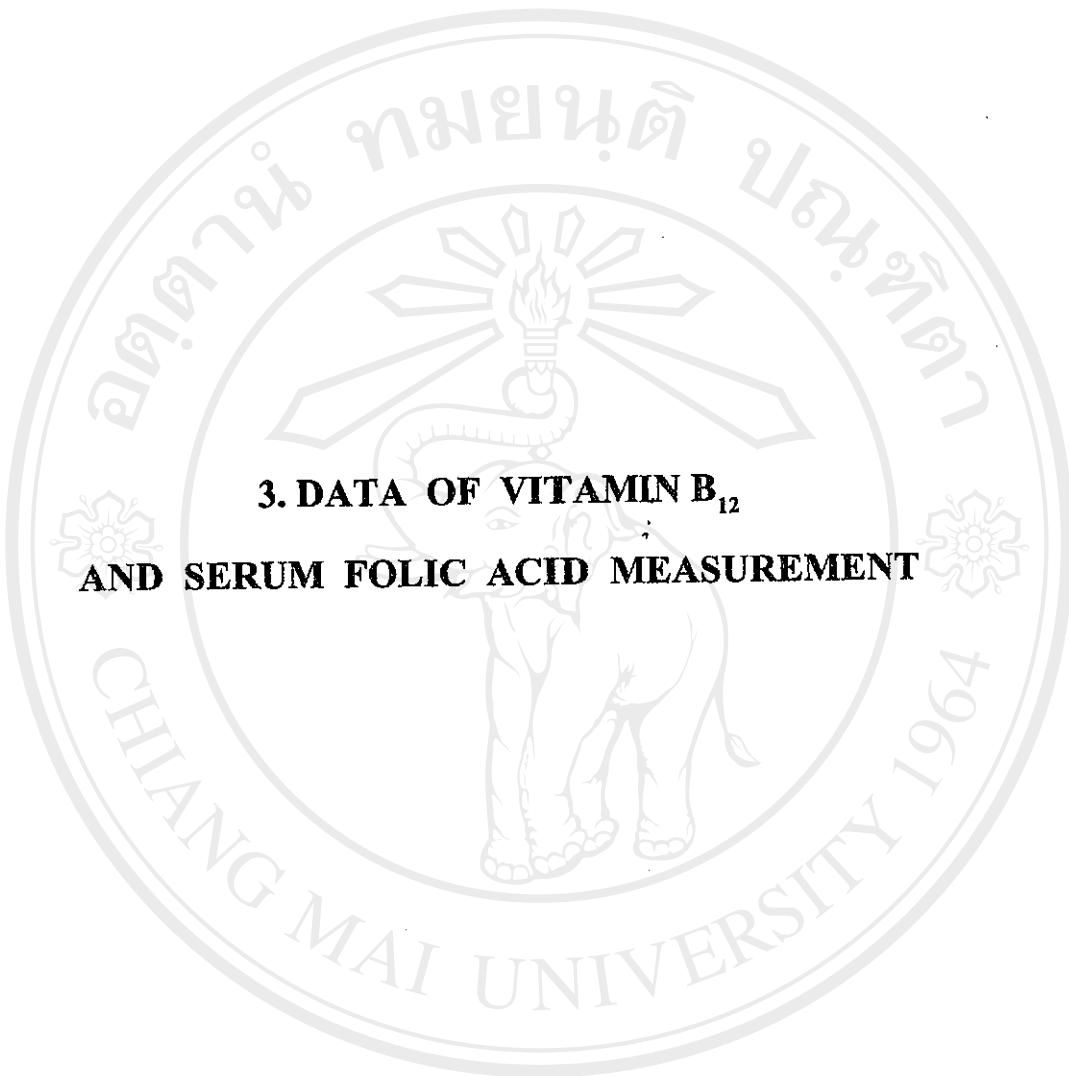
| 53.85 38.46 | 92.31

-----+-----
Total | 15 11 | 26
| 57.69 42.31 | 100.00

Pearson chi2(1) = 0.0525 Pr = 0.819



อิชสิทธิ์มหาวิทยาลัยเชียงใหม่
Copyright[©] by Chiang Mai University
All rights reserved



3. DATA OF VITAMIN B₁₂

AND SERUM FOLIC ACID MEASUREMENT

อิชสิทธิ์มหาวิทยาลัยเชียงใหม่
Copyright[©] by Chiang Mai University
All rights reserved

20 Nov 1999 09:05
Protocol #: 1

Packard Instrument Company
Vit B12 Folate

Page #1
User : Sukanya

Count Time(minutes): 1.00
Assay Type: DUAL RIA %REF.
Background Subtract : IPA Bkg
Outlier: 5.0 FLAG
%Spillup: 0.00
%Spilldown: 0.00
REPROCESSED VIA EDITDATA

	Window A	Window B
Nuclide:	Co-57	I-125
Half Life(hours):	0.00	0.00
Count Fraction:	BOUND	BOUND
Multiplier:	1.0000	1.0000
Normal Range:	200.0 - 950.0 pg/ml	3.000 - 17.00 ng/ml
%CV Flag Limit:	0.00	0.00
Curve Fit:	LOGIT	LOGIT
X Transform:	LOG	LOG
Y Transform:	LOGIT	LOGIT

WARNING: Previous curve A not stored to template

WARNING: Previous curve B not stored to template

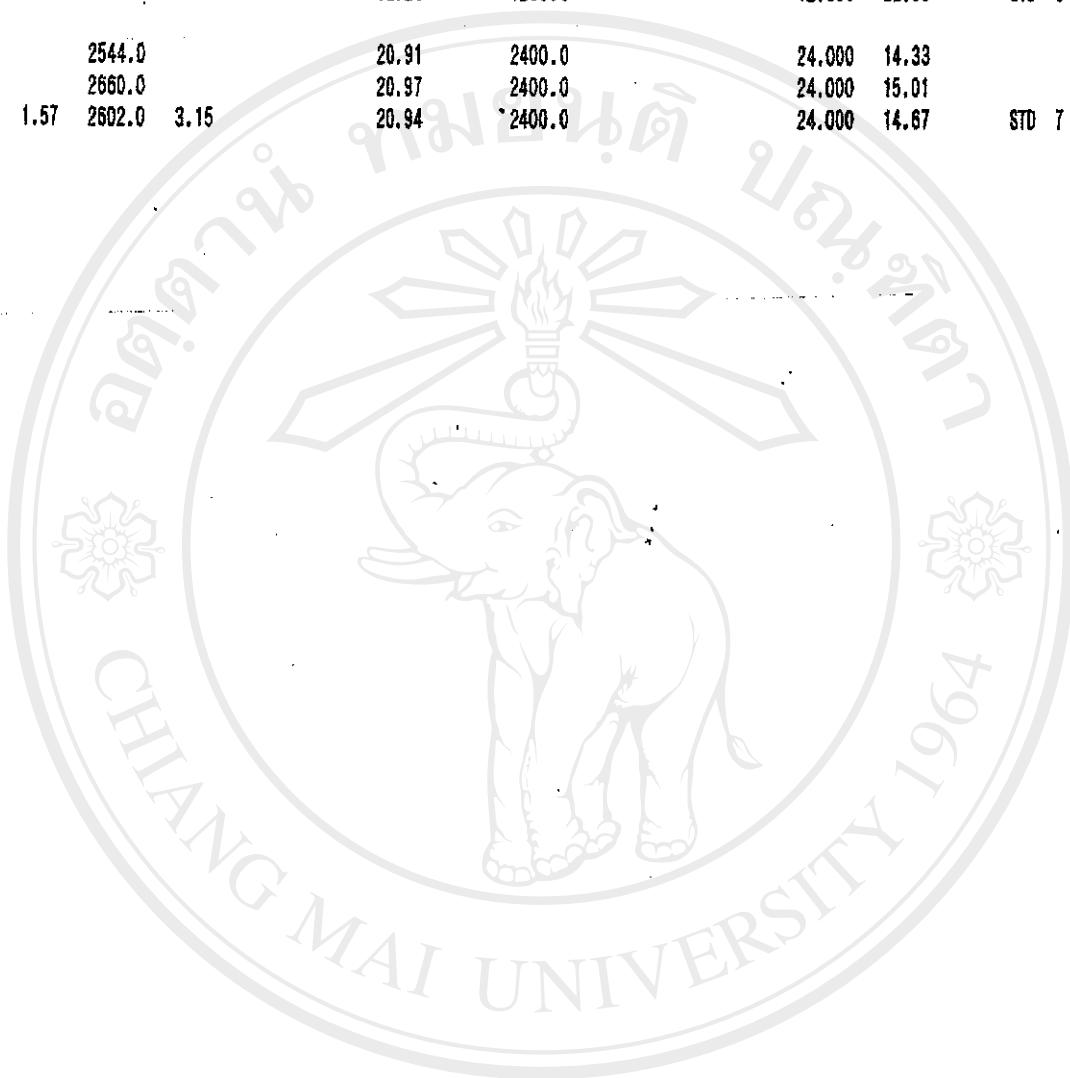
S#	A:CPK	A:%ERR	B:CPM	B:%ERR	A:ERROR	A:%CV	A:DOSE	B:ERROR	B:%CV	B:DOSE	B:%B(F)	PAT/ID
1	18629.0		41525.0									
2 MISSING TUBE(S)												TOTAL
	18629.0	0.73	41525.0	0.49								
4	45.5		99.0									
1 MISSING TUBE(S)												BLANK
	45.5	14.8	99.0	10.1								
1 MISSING TUBE(S)												
7	9455.0		17161.0				0.0000			0.0000		
	9455.0	1.03	17161.0	0.76			100.0	0.0000		0.0000	100.0	STD 1
8	8481.0		13797.0				89.65	50.000		.50000	80.28	
9	8604.0		14116.0				90.96	50.000		.50000	82.15	
	8542.5	1.02	13956.5	1.62			90.30	50.000		.50000	81.22	STD 2
10	7837.0		12819.0				82.80	100.00		1.0000	74.55	
11	7877.0		13131.0				83.23	100.00		1.0000	76.38	
	7857.0	0.80	12975.0	1.70			83.02	100.00		1.0000	75.47	STD 3
12	5756.0		8593.0				60.69	300.00		3.0000	49.78	
13	6179.0		9325.0				65.18	300.00		3.0000	54.07	
	5967.5	5.01	8859.0	5.78			62.94	300.00		3.0000	51.93	STD 4
14	4419.0		6082.0				46.48	600.00		6.0000	35.07	
15	4540.0		6268.0				47.77	600.00		6.0000	36.16	
	4479.5	1.91	6175.0	2.13			47.12	600.00		6.0000	35.81	STD 5

20 Nov 1999 09:05
Protocol #: 1

Packard Instrument Company
Vit B12 Folate

Page #2
User : Sukanya

S#	A:CPM A:ERR	B:CPM B:ERR	A:ERROR A:%B(F)	A:CV	A:DOSE	B:ERROR	B:CV.	B:DOSE	B:%B(F)	PAT/ID
16	3141.0	3928.0		32.90	1200.0			12.000	22.44	
17	3016.0	3966.0		31.57	1200.0			12.000	22.66	
	3078.5	2.87	3947.0	1.13	32.23	1200.0		12.000	22.55	STD 6
18	2013.0	2544.0		20.91	2400.0			24.000	14.33	
19	2019.0	2660.0		20.97	2400.0			24.000	15.01	
	2016.0	1.57	2602.0	3.15	20.94	2400.0		24.000	14.67	STD 7



ลิขสิทธิ์มหาวิทยาลัยเชียงใหม่
Copyright © by Chiang Mai University
All rights reserved

20 Nov 1999 09:05

Packard Instrument Company
Protocol #: 1
Vit B12 Folate

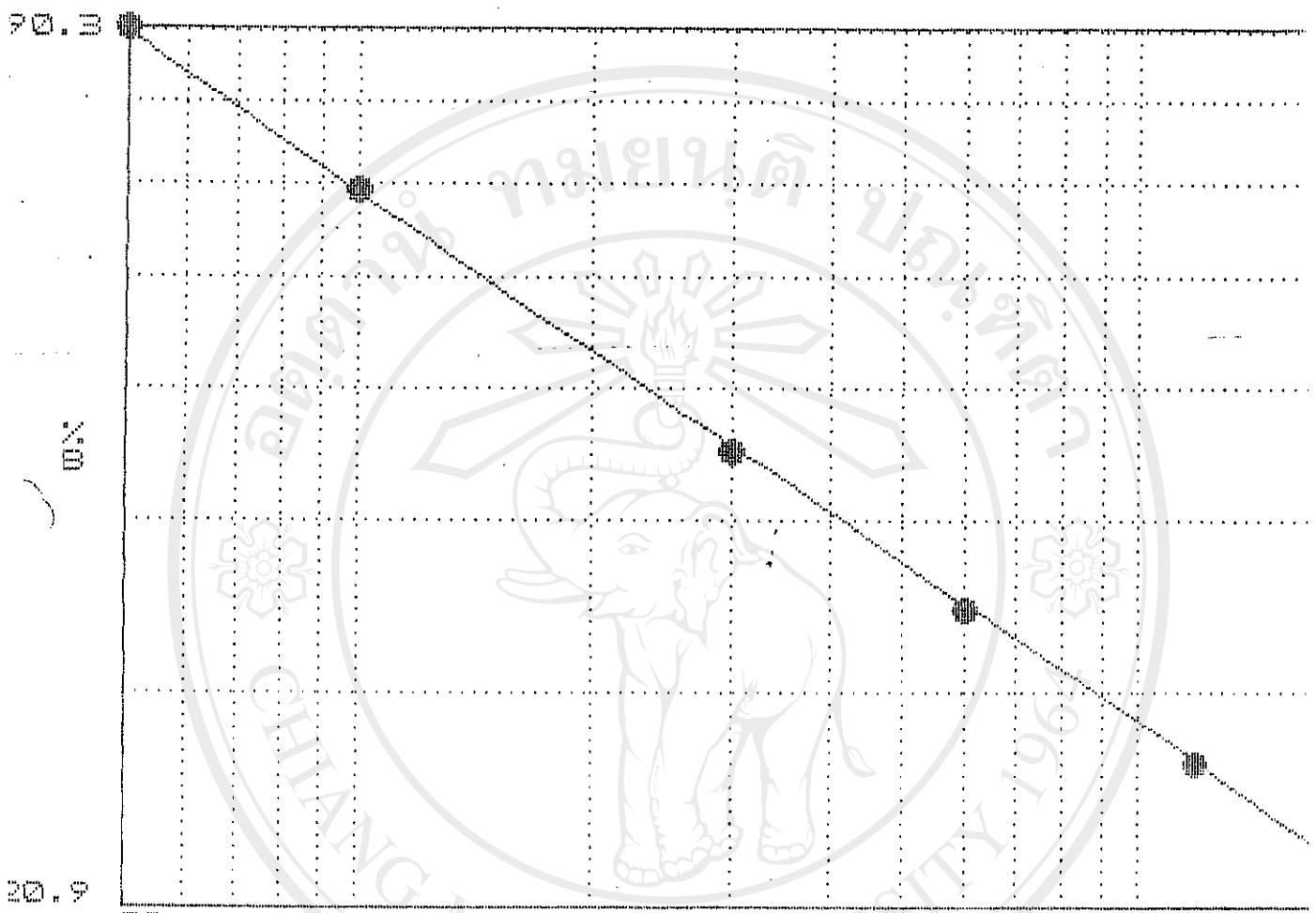
Page #3

User : Sukanya

Assay Type: DUAL RIA

%REF. BOUND

Label : A Serum Vit B12



STD #	CPM	DEFINED DOSE	%B/F	CALC.DOSE	% DIFF
2	8543	50.00000	90.30	49.13117	-1.74
3	7857	100.00000	83.02	98.53818	-1.46
4	5968	300.00000	62.94	308.68482	2.89
5	4480	600.00000	47.12	619.28768	3.21
6	3079	1200.00000	32.23	1219.9939	1.67
7	2016	2400.00000	20.94	2295.6624	-4.35

Curve Fit : LOGIT
Corr.Coeff. : 0.9998
Det.Limit : 50.0000
%NSB/Total : 0.2442
ED20 : OFF CURVE
%Sigma Std. : 2.5923
Intercept : 5.83750

Transform X : LOG
ED50 : 546.83

Transform Y : LOGIT
Slope : -2.1321
Para.Coeff. : .9997
%Ref/Total : 50.510
ED80 : 122.37

Copyright © by Chiang Mai University
All rights reserved

20 Nov 1999 09:05
Protocol #: 1

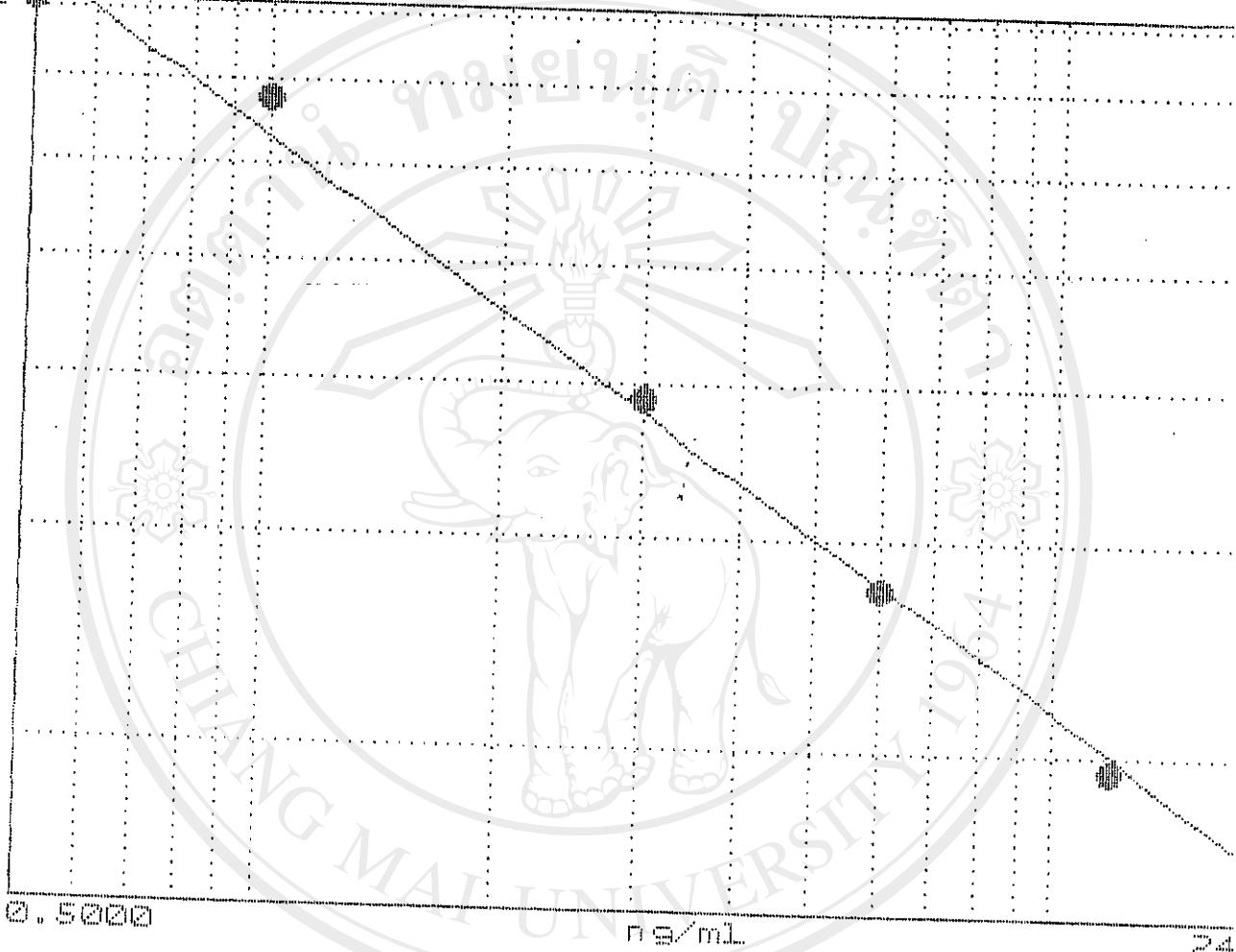
Packard Instrument Company
Vit B12 Folate

Page #4
User : Sukanya

WARNING: CURRENT CURVE FAILS TEMPLATE CRITERIA
Assay Type: DUAL RIA %REF. BOUND

Label : B Serum

B1 . 2



STD #	CPM	DEFINED DOSE	%B/F	CALC.DOSE	% DIFF
2	13957	0.50000	81.22	0.57532	15.06
3	12975	1.00000	75.47	0.85164	-14.84
4	8959	3.00000	51.93	2.84143	-5.29
5	6176	6.00000	35.61	6.14179	2.36
6	3947	12.00000	22.55	12.85445	7.12
7	2602	24.00000	14.67	23.58194	-1.74

Curve Fit : LOGIT
Corr.Coeff. : 0.9975
Det.Limit : 0.5000
%NSB/Total : 0.2384
ED20 : 15.323
%Sigma Std. : 3.7803
Intercept : .984147

Transform X : LOG
ED50 : 3.1055

Transform Y : LOGIT
Slope : -1.9998
Para.Coeff. : .9694
%Ref/Total : 41.089
ED80 : 0.6294

20 Nov 1999 09:05

Packard Instrument Company

Page #5

Protocol #: 1

Vit B12 Folate $\bar{x} = 155$
range 127-183 pg/ml

User : Sukanya

20 Nov 1999 09:05

Packard Instrument Company

Page #6

Protocol #: 1

Vit B12 Folate

User : Sukanya

S#	A:CPM A:XERR	B:CPM B:XERR	A:ERROR A:%B(F)	A:XCV	A:DOSE	B:ERROR	B:XCV	B:DOSE B:%B(F)	PAT/ID
46	5315.0	4156.0		56.00	421.41		11.875	23.78	
47	5495.0	4234.0		57.91	387.35		11.537	24.24	
	5405.0	2.35	4195.0	1.31	56.96	5.956	404.07	2.040	11.704
									24.01
48	3140.0	5439.0	Range: Hi	32.89	1181.4		7.6787	31.30	
49	3286.0	5684.0	Range: Hi	34.44	1096.0		7.1170	32.73	
	3213.0	3.21	5561.5	3.12	Range: Hi	33.66	5.304	1137.6	5.369
									7.3908
50	4237.0	5424.0		44.55	692.77		7.7150	31.21	
51	4041.0	5402.0		42.46	759.18		7.7686	31.08	
	4139.0	3.35	5413.0	0.96	43.50	6.468	725.13	.4895	7.7417
									31.15
52	5159.0	6874.0		54.34	453.05		5.0231	39.71	
53	4954.0	6720.0		52.17	497.97		5.2468	38.81	
	5056.5	2.87	6797.0	1.60	53.25	6.679	475.01	3.081	5.1335
									39.26
54	5831.0	5399.0		61.49	329.96		7.7759	31.06	
55	5745.0	5350.0		60.57	343.94		7.8972	30.78	
	5788.0	1.05	5374.5	0.96	61.03	2.934	336.89	1.095	7.8363
									30.92
56	4322.0	5613.0		45.45	666.00		7.2741	32.32	
57	4453.0	5826.0		46.84	626.90		6.8158	33.57	
	4387.5	2.11	5719.5	2.83	46.14	4.277	646.13	4.600	7.0401
									32.94
58	7395.0	6230.0	Range: Lo	76.11	138.45		6.0434	35.93	
59	7166.0	6175.0	Range: Lo	75.67	160.54		6.1418	35.61	
	7280.5	2.22	6202.5	0.90	Range: Lo	76.89	10.45	1.142	6.0923
									35.77
60	6033.0	3558.0		63.63	298.86		15.026	20.27	
61	5932.0	3348.0		62.56	314.11		16.437	19.04	
	5982.5	1.19	3453.0	4.30	63.10	3.520	306.41	6.342	15.708
									19.66
62	2888.0	4624.0	Range: Hi	30.21	1350.8		10.040	26.52	
63	2993.0	4809.0	Range: Hi	31.32	1276.5		9.4242	27.61	
	2940.5	2.52	4716.5	2.77	Range: Hi	30.77	4.000	1312.9	4.471
									9.7250
64	3704.0	5476.0		38.88	891.24		7.5902	31.51	
65	3963.0	5701.0		41.63	787.59		7.0800	32.83	
	3833.5	4.78	5588.5	2.85	40.26	8.731	837.53	4.919	7.3293
									32.17
66	4099.0	3803.0		43.08	738.81		13.600	21.71	
67	4448.0	3802.0		46.79	628.34		13.606	21.70	
	4273.5	5.77	3802.5	1.15	44.93	11.43	681.13	.0281	13.603
									21.71
68	6209.0	2586.0		65.50	273.60	Range: Hi	23.787	14.58	
69	6354.0	2620.0		67.04	253.96	Range: Hi	23.355	14.78	
	6281.5	1.63	2603.0	1.39	66.27	5.263	263.65	Range: Hi	23.569
									14.68
70	5034.0	3389.0		53.02	479.96		16.146	19.28	
71	5206.0	3386.0		54.84	443.30		16.167	19.27	
	5120.0	2.38	3387.5	1.21	53.93	5.616	461.30	.0920	16.157
									19.27
									SAMPLE 25

Copyright © by Chang Mai University

All rights reserved

Nov 1999 09:05

Protocol #: 1

Packard Instrument Company

Vit B12 Folate

Page #7

User : Sukanya

C#	A:CPM A:ERR	B:CPM B:ERR	A:ERROR A:XB(F)	A:XCV	A:DOSE	B:ERROR	B:XCV	B:DOSE	B:XB(F)	PAT/ID
72	4340.0	6013.0		45.64	660.47			6.4436	34.06	
73	4237.0	6169.0		46.55	652.77			6.2926	35.22	
	4288.5	1.70	6061.0	1.12	46.09	3.376	676.61	2.015	6.3523	34.94 SAMPLE 26
74	5250.0	6072.0		55.31	434.35			6.3316	35.01	
75	5180.0	6026.0		54.57	448.67			6.4206	34.73	
	5215.0	0.98	6060.5	0.91	54.94	2.295	441.46	.9875	6.3759	34.87 SAMPLE 27
76	7019.0	5976.0	Range: Lo	74.11	175.62			6.5151	34.44	
77	6911.0	5720.0	Range: Lo	72.96	187.17			7.0390	32.94	
	6965.0	1.10	5848.0	3.10	73.54	4.503	181.34	5.466	6.7708	33.89 SAMPLE 28

จัดทำโดย ภาควิชาเคมี
Copyright © by Chiang Mai University
All rights reserved

Anemia Control

Use According to Package Insert

Lot Number: 020B

Expiration Date: JAN 31 01

One vial of a lyophilized protein-based control with *lot-specific* vitamin B12 and folic acid concentrations in the deficient range. Reconstitute with 2.0 mL distilled water. Store refrigerated: stable at 2–8°C for 7 days. For longer storage, aliquot and freeze: stable at –20°C for 2 months. Avoid excessive exposure to direct light.

The tabulated values were generated with DPC's Solid Phase No Boil Dualcount and Dualcount Solid Phase Boil kits. They should be considered as guidelines only. Each laboratory should develop its own expected values and range limits as part of an ongoing quality control program.

Vitamin B12

Kit	Mean	SD	2SD Range	Units
SP No Boil	155.6	14.2	127 – 183	pg/mL
SP Boil	137	16	105 – 169	
SP No Boil	114	10	94 – 134	
SP Boil	101	12	77 – 125	pmol/L

Folic Acid

Kit	Mean	SD	2SD Range	Units
SP No Boil	1.63	0.13	1.37 – 1.89	ng/mL
SP Boil	1.42	0.14	1.14 – 1.70	
SP No Boil	3.69	0.30	3.09 – 4.29	
SP Boil	3.22	0.32	2.58 – 3.86	nmol/L

Safety Matters: Like all human body fluid-derived material, this control should be handled as if capable of transmitting hepatitis or AIDS. Sodium azide has been added as a preservative; on disposal, flush with large volumes of water to prevent the buildup of explosive metal azides in plumbing.

Technical Assistance:

Tel: 800.372.1782

Tel: 310.645.8200

Fax: 310.645.9999

Catalog Number:

ANC

DPC®

Diagnostic Products Corporation
5700 West 96th Street
Los Angeles, CA 90045-5597

August 13, 1999

PIANC — A