

The Lennox Head & Epiq Medical Centre

ABN 76 745 842 248
All correspondence to:
48 Ballina Street
Lennox Head NSW 2478
Phone (02)6687 7444
Fax (02)6687 7849
Web lennoxmedical.com.au

Dr Christopher Mitchell
Dr Ann Staughton
Dr Dan Ewald
Dr Francesca O'Neill
Dr Louisa Evans
Dr Peter Silberberg
Dr Erin Stalenberg
Dr Frank Schultheiss
Dr Monica Taylor
Dr Jonathan Evans
Dr Johanna Schafer
Dr Carolyn Hannah
Dr Julia Spicer
Dr Laurence Veness
Dr Clare McLennan
Dr Mark Fryer

SOUTHORN, AMY
9A SUNRAY CRES, LENNOX HEAD. 2478
Phone: 04 02649261
Birthdate: 28/05/1989 Sex: F Medicare Number: 62098320481
Your Reference: Lab Reference: 22-69392279-CBC-0
Laboratory: QML Pathology
Addressee: DR JULIA SPICER Referred by: DR JULIA SPICER

Name of Test: MASTER FULL BLOOD COUNT
Requested: 02/06/2022 Collected: 14/06/2022 Reported: 14/06/2022 18:49

CUMULATIVE FULL BLOOD EXAMINATION					
Date	20/11/19	23/12/21	14/06/22		
Time	08:15	11:10	08:32		
Lab No	73437791	29453844	69392279		
Hb	126	130	136	g/L	(115-160)
RCC	4.1	4.3	4.5	x10 ^12 /L	(3.6-5.2)
Hct	0.38	0.39	0.41		(0.33-0.46)
MCV	94	91	90	fL	(80-98)
MCH	31	30	30	pg	(27-35)
Plats	256	247	257	x10 ^9 /L	(150-450)
WCC	4.0	5.8	4.5	x10 ^9 /L	(4.0-11.0)
Neuts	1.7	3.6	41 % 1.8	x10 ^9 /L	(2.0-7.5)
Lymphs	1.7	1.5	40 % 1.8	x10 ^9 /L	(1.1-4.0)
Monos	0.4	0.5	9 % 0.4	x10 ^9 /L	(0.2-1.0)
Eos	0.20	0.17	8 % 0.36	x10 ^9 /L	(0.04-0.40)
Basos	0.04	0.06	2 % 0.09	x10 ^9 /L	(< 0.21)
E.S.R.			pending	mm/hr	(1-20)

69392279 Automated Comment:
As per ISLH guidelines - Film not reviewed. If a film review is truly indicated, contact the laboratory within 24 hours of collection. Otherwise investigate any highlighted abnormalities as clinically appropriate.

Neutropenia may be a transient effect of an acute viral infection. Persistent neutropenia may be seen as a result of certain infections, hypersplenism, SLE/Rheumatoid, drug side effect, and sometimes as an ethnic familial disorder, or in older patients an early myelodysplasia. Correlate Clinically as well as with E+LFTs, Viral Serology, Lymphocyte Markers, ANA/RF if clinically appropriate. Otherwise, suggest repeat at a later date.

** FINAL REPORT - Please destroy previous report **

Clinical Notes : nil

Tests Completed:FBC
Tests Pending :THYROID TISSUE AB, TFT, SE IMMUNOGLOBULINS, IRON STUDIES, IGF-1
Tests Pending :INSULIN, TTG, GLIADIN AB, SERUM FOLATE, SERUM VITAMIN B12, SE E/LFT
Tests Pending :SE VIT D, SE HDL, SE C-REACTIVE PROTEIN, ESR, ENA, SE CAERULOPLASMIN
Tests Pending :ANA

SOUTHORN, AMY
9A SUNRAY CRES, LENNOX HEAD. 2478
Phone: 04 02649261
Birthdate: 28/05/1989 Sex: F Medicare Number: 62098320481

Your Reference: **Lab Reference:** 22-69392279-ESR-0
Laboratory: QML Pathology
Addressee: DR JULIA SPICER **Referred by:** DR JULIA SPICER

Name of Test: ERYTHROCYTE SEDI. RATE
Requested: 02/06/2022 **Collected:** 14/06/2022 **Reported:** 14/06/2022 19:39

Erythrocyte Sedimentation Rate 2 mm/hr (1-20)

Clinical Notes : nil

Tests Completed:FBC, ESR
Tests Pending :THYROID TISSUE AB, TFT, SE IMMUNOGLOBULINS, IRON STUDIES, IGF-1
Tests Pending :INSULIN, TTG, GLIADIN AB, SERUM FOLATE, SERUM VITAMIN B12, SE E/LFT
Tests Pending :SE VIT D, SE HDL, SE C-REACTIVE PROTEIN, ENA, SE CAERULOPLASMIN, ANA

SOUTHORN, AMY
9A SUNRAY CRES, LENNOX HEAD. 2478
Phone: 04 02649261
Birthdate: 28/05/1989 **Sex:** F **Medicare Number:** 62098320481
Your Reference: **Lab Reference:** 22-69392279-THY-0
Laboratory: QML Pathology
Addressee: DR JULIA SPICER **Referred by:** DR JULIA SPICER

Name of Test: THYROID TEST MASTER
Requested: 02/06/2022 **Collected:** 14/06/2022 **Reported:** 14/06/2022 21:02

CUMULATIVE SERUM THYROID FUNCTION TESTS

Date	20/11/19	14/06/22
Time	08:15	08:32
Lab No	73437791	69392279
TSH	2.0	2.2 mIU/L (0.50-4.00)
Thyroglobulin AbII	< 1.3	IU/mL (< 4.6)
Thy. Peroxidase Ab	< 28	IU/mL (< 60)

Euthyroid level. However if hypopituitarism (rare) is suspected, free T4 assay may be indicated.
These antibody levels are not suggestive of Thyroid inflammatory or rapidly progressing neoplasia. However 15% of Hashimoto's does not produce measurable antibodies. Prior autoimmune activity cannot be excluded.

Please note that as of 06/9/2021, QML Pathology changed to a reformulated Atellica Thyroglobulin Antibody (TgAbII) assay. The reference interval has been updated. Differences in individual patient results may be observed compared to the previous method. If further information is required please contact a Chemical Pathologist on (07) 3121 4444.

Clinical Notes : nil

Tests Completed:THYROID TISSUE AB, TFT, FBC, ESR
Tests Pending :SE IMMUNOGLOBULINS, IRON STUDIES, IGF-1, INSULIN, TTG, GLIADIN AB
Tests Pending :SERUM FOLATE, SERUM VITAMIN B12, SE E/LFT, SE VIT D, SE HDL
Tests Pending :SE C-REACTIVE PROTEIN, ENA, SE CAERULOPLASMIN, ANA

SOUTHORN, AMY
9A SUNRAY CRES, LENNOX HEAD. 2478
Phone: 04 02649261
Birthdate: 28/05/1989 **Sex:** F **Medicare Number:** 62098320481
Your Reference: **Lab Reference:** 22-69392279-VD-0
Laboratory: QML Pathology
Addressee: DR JULIA SPICER **Referred by:** DR JULIA SPICER

Name of Test: VITAMIN D,SERUM
Requested: 02/06/2022 **Collected:** 14/06/2022 **Reported:** 14/06/2022 21:08

CUMULATIVE SERUM VITAMIN D

Date 14/06/22
Time 08:32
Lab No 69392279
Vitamin D3 99 nmol/L (> 49)

Clinical Notes : nil

Tests Completed: THYROID TISSUE AB, TFT, IGF-1, FBC, SE VIT D, ESR
Tests Pending : SE IMMUNOGLOBULINS, IRON STUDIES, INSULIN, TTG, GLIADIN AB
Tests Pending : SERUM FOLATE, SERUM VITAMIN B12, SE E/LFT, SE HDL
Tests Pending : SE C-REACTIVE PROTEIN, ENA, SE CAERULOPLASMIN, ANA

SOUTHORN, AMY

9A SUNRAY CRES, LENNOX HEAD. 2478

Phone: 04 02649261

Birthdate: 28/05/1989 Sex: F Medicare Number: 62098320481

Your Reference: Lab Reference: 22-69392279-GRM-0

Laboratory: QML Pathology

Addressee: DR JULIA SPICER Referred by: DR JULIA SPICER

Name of Test: GROWTH MASTER

Requested: 02/06/2022 Collected: 14/06/2022 Reported: 14/06/2022 21:08

IGF-1 (Somatomedin C) 31 nmol/L (14-42)

Clinical Notes : nil

Tests Completed: THYROID TISSUE AB, TFT, IGF-1, FBC, SE VIT D, ESR
Tests Pending : SE IMMUNOGLOBULINS, IRON STUDIES, INSULIN, TTG, GLIADIN AB
Tests Pending : SERUM FOLATE, SERUM VITAMIN B12, SE E/LFT, SE HDL
Tests Pending : SE C-REACTIVE PROTEIN, ENA, SE CAERULOPLASMIN, ANA

SOUTHORN, AMY

9A SUNRAY CRES, LENNOX HEAD. 2478

Phone: 04 02649261

Birthdate: 28/05/1989 Sex: F Medicare Number: 62098320481

Your Reference: Lab Reference: 22-69392279-HDL-0

Laboratory: QML Pathology

Addressee: DR JULIA SPICER Referred by: DR JULIA SPICER

Name of Test: HDL CHOLESTEROL, SERUM

Requested: 02/06/2022 Collected: 14/06/2022 Reported: 14/06/2022 21:37

CUMULATIVE LIPID RISK REPORT

Date 14/06/22
Time 08:32
Lab No 69392279
FASTING

	Target if HIGH RISK
Total Cholesterol	3.5 mmol/L (below 4.0)
Triglycerides	0.5 mmol/L (below 2.0)

CHOLESTEROL FRACTIONS

HDL	1.16 mmol/L (above 1.0)
LDL (calculated)*	2.11 mmol/L (below 2.5)
Non-HDL cholesterol*	2.34 mmol/L (below 3.3)
Total/HDL ratio**	3.0

* Secondary prevention LDL and non-HDL cholesterol targets are lower.

** The ratio is for use with the cardiovascular risk calculator.

Web-search: "Australian cardiovascular risk calculator"

69392279 Treatment is recommended if clinically indicated or if calculated risk exceeds 15% absolute risk of CVD events over 5 years.

NVDPA 2012 Target ranges refer to HIGH RISK PATIENTS.

As of 7/3/22 LDL will no longer be measured routinely. LDL results will be calculated, in accordance with National harmonisation.

Clinical Notes : nil

Tests Completed: THYROID TISSUE AB, TFT, SE IMMUNOGLOBULINS, IGF-1, FBC, SE E/LFT
Tests Completed: SE VIT D, SE HDL, SE C-REACTIVE PROTEIN, ESR
Tests Pending : IRON STUDIES, INSULIN, TTG, GLIADIN AB, SERUM FOLATE
Tests Pending : SERUM VITAMIN B12, ENA, SE CAERULOPLASMIN, ANA

SOUTHORN, AMY
9A SUNRAY CRES, LENNOX HEAD. 2478
Phone: 04 02649261
Birthdate: 28/05/1989 **Sex:** F **Medicare Number:** 62098320481
Your Reference: **Lab Reference:** 22-69392279-25T-0
Laboratory: QML Pathology
Addressee: DR JULIA SPICER **Referred by:** DR JULIA SPICER

Name of Test: E/LFT (MASTER)
Requested: 02/06/2022 **Collected:** 14/06/2022 **Reported:** 14/06/2022 21:37

CUMULATIVE SERUM/PLASMA BIOCHEMISTRY

Date	20/11/19	23/12/21	14/06/22	
Time	08:15	11:10	08:32	
Lab No	73437791	29453844	69392279	
	FASTING	FASTING	FASTING	FASTING
Sodium	140	136	138	mmol/L (137-147)
Potass.	4.4	3.8	3.8	mmol/L (3.5-5.0)
Chloride	106	104	106	mmol/L (96-109)
Bicarb	30	24	22	mmol/L (25-33)
An.Gap	8	12	14	mmol/L (4-17)
Gluc	4.2	4.2	4.7	mmol/L (3.0-6.0)
Urea	1.8	4.2	5.8	mmol/L (2.0-7.0)
Creat	50	58	58	umol/L (40-110)
eGFR	> 90	> 90	> 90	mL/min (over 59)
Urate	0.24	0.24	0.22	mmol/L (0.14-0.35)
T.Bili	15	29	15	umol/L (2-20)
D.Bili		9	6	umol/L (0-8)
Alk.P	67	70	83	U/L (30-115)
GGT	11	11	15	U/L (0-45)
ALT	15	16	12	U/L (0-45)
AST	20	22	19	U/L (0-41)
LD	140	146	156	U/L (80-250)
Calcium	2.29	2.41	2.35	mmol/L (2.15-2.60)
Corr.Ca	2.36	2.37	2.31	mmol/L (2.15-2.60)
Phos	1.2	1.2	1.4	mmol/L (0.8-1.5)
T.Prot	63	65	68	g/L (60-82)
Alb	40	44	44	g/L (35-50)
Glob	23	21	24	g/L (20-40)
Chol	4.0	3.7	3.5	mmol/L (3.6-6.7)
Trig	1.3	0.5	0.5	mmol/L (0.3-2.2)
Lab No	73437791	29453844	69392279	
Date	20/11/19	23/12/21	14/06/22	

Clinical Notes : nil

Tests Completed: THYROID TISSUE AB, TFT, SE IMMUNOGLOBULINS, IGF-1, FBC, SE E/LFT
Tests Completed: SE VIT D, SE HDL, SE C-REACTIVE PROTEIN, ESR
Tests Pending : IRON STUDIES, INSULIN, TTG, GLIADIN AB, SERUM FOLATE
Tests Pending : SERUM VITAMIN B12, ENA, SE CAERULOPLASMIN, ANA

SOUTHORN, AMY
9A SUNRAY CRES, LENNOX HEAD. 2478
Phone: 04 02649261
Birthdate: 28/05/1989 **Sex:** F **Medicare Number:** 62098320481
Your Reference: **Lab Reference:** 22-69392279-CRP-0
Laboratory: QML Pathology
Addressee: DR JULIA SPICER **Referred by:** DR JULIA SPICER

Name of Test: C REACTIVE PROTEIN
Requested: 02/06/2022 **Collected:** 14/06/2022 **Reported:** 14/06/2022 21:37

CUMULATIVE SERUM/PLASMA COMPLEMENT AND C-REACTIVE PROTEIN (CRP)

Date 23/12/21 14/06/22
Time 11:10 08:32
Lab No 29453844 69392279

CRP < 5 < 5 mg/L(0-6)

C-reactive protein (CRP) is a non-specific indicator of tissue damage.
The level rises rapidly (within 6-10 hours) after tissue injury, peaks at 48-72 hours and returns to normal within a few days. Common causes of markedly increased CRP include infection (particularly bacterial), trauma, surgery, myocardial infarction, many malignancies and inflammatory disorders.

Clinical Notes : nil

Tests Completed: THYROID TISSUE AB, TFT, SE IMMUNOGLOBULINS, IGF-1, FBC, SE E/LFT
Tests Completed: SE VIT D, SE HDL, SE C-REACTIVE PROTEIN, ESR
Tests Pending : IRON STUDIES, INSULIN, TTG, GLIADIN AB, SERUM FOLATE
Tests Pending : SERUM VITAMIN B12, ENA, SE CAERULOPLASMIN, ANA

SOUTHORN, AMY
9A SUNRAY CRES, LENNOX HEAD. 2478
Phone: 04 02649261
Birthdate: 28/05/1989 Sex: F Medicare Number: 62098320481
Your Reference: Lab Reference: 22-69392278-FHM-0
Laboratory: QML Pathology
Addressee: DR JULIA SPICER Referred by: DR JULIA SPICER

Name of Test: FERTILITY HORMONE MASTER
Requested: 02/06/2022 Collected: 14/06/2022 Reported: 14/06/2022 21:38

CUMULATIVE FERTILITY HORMONES

Date 09/04/18 14/06/22
Time 14:05 08:32
Lab No 68562548 69392278

E2 190 pmol/L
Prog 1 69 nmol/L

Ranges:	Follicular Phase	Midcycle Peak	Luteal Phase	Post-Menopausal
LH	2 - 12	10 - 130	1 - 17	15 - 60
FSH	1 - 10	3 - 33	1 - 9	20 - 140
Oestradiol	70 - 530	230 - 1310	200 - 790	< 120
Progesterone	< 5	rising	20 - 110	< 3

Clinical Notes : day 19

Tests Completed: PROGESTERONE
Tests Pending : CA125

SOUTHORN, AMY
9A SUNRAY CRES, LENNOX HEAD. 2478
Phone: 04 02649261
Birthdate: 28/05/1989 Sex: F Medicare Number: 62098320481
Your Reference: Lab Reference: 22-69392278-TMM-0
Laboratory: QML Pathology
Addressee: DR JULIA SPICER Referred by: DR JULIA SPICER

Name of Test: TUMOUR MARKER MASTER
Requested: 02/06/2022 Collected: 14/06/2022 Reported: 14/06/2022 21:50

Date 14/06/22
Time 08:32
Lab No 69392278

CA125 (Siemens)

26 U/mL (< 30)

69392278 CA125 is associated with Serous epithelium, and may be elevated with inflammation or Neoplasia.

Clinical Notes : day 19

Tests Completed:CA125, PROGESTERONE

Tests Pending :

SOUTHORN, AMY

9A SUNRAY CRES, LENNOX HEAD. 2478

Phone: 04 02649261

Birthdate: 28/05/1989 Sex: F Medicare Number: 62098320481

Your Reference: Lab Reference: 22-69392279-DBM-0

Laboratory: QML Pathology

Addressee: DR JULIA SPICER Referred by: DR JULIA SPICER

Name of Test: DIABETES MASTER

Requested: 02/06/2022 Collected: 14/06/2022 Reported: 14/06/2022 21:53

Insulin 5 mU/L fasting (< 25)

Glucose 4.7 mmol/L fasting (3.0-6.0)

Clinical Notes : nil

Tests Completed:THYROID TISSUE AB, TFT, SE IMMUNOGLOBULINS, IRON STUDIES, IGF-1

Tests Completed:INSULIN, FBC, SE E/LFT, SE VIT D, SE HDL, SE C-REACTIVE PROTEIN, ESR

Tests Pending :ACTIVE VITAMIN B12, TTG, GLIADIN AB, SERUM FOLATE, SERUM VITAMIN B12

Tests Pending :ENA, SE CAERULOPLASMIN, ANA

SOUTHORN, AMY

9A SUNRAY CRES, LENNOX HEAD. 2478

Phone: 04 02649261

Birthdate: 28/05/1989 Sex: F Medicare Number: 62098320481

Your Reference: Lab Reference: 22-69392279-BFM-0

Laboratory: QML Pathology

Addressee: DR JULIA SPICER Referred by: DR JULIA SPICER

Name of Test: MASTER VITAMIN B12 FOLATE

Requested: 02/06/2022 Collected: 14/06/2022 Reported: 14/06/2022 23:03

CUMULATIVE VITAMIN B12 AND FOLATE ASSAYS

Date 14/06/22

Time 08:32

Lab No 69392279

B12 Total 327 pmol/L (162-811)

Active B12 > 146 pmol/L (> 35)

S.Fol. 45.7 nmol/L (8.4-55.0)

Comment:

69392279

Serum Folate Assay:

Adequate Serum Folate.

In the absence of recent oral intake, a serum folate >13 nmol/L effectively rules out folate deficiency. Consider repeat fasting Folate, if there has been inadequate fasting, and clinical concern remains.

Serum Vitamin B12 Assay:

The vitamin B12 level is in the indeterminate range.

B12 depletion may exist with levels up to 350 pmol/L

Correlation with Folate levels as well as Holo TC (Active B12) assay is recommended.

Holo TC Assay:

No suggestion of vitamin B12 deficiency.

High B12 levels are commonly seen with vitamin B12 replacement therapy.

Methodology:

B12 and Active B12 (HoloTC) assays performed on Siemens Atellica analyser.

For Doctor clinical enquiries, please contact Dr Peter Davidson 07 3121 4444.

Patients should contact their referring doctor in regard to this result.

Clinical Notes : nil

Tests Completed:ACTIVE VITAMIN B12, THYROID TISSUE AB, TFT, SE IMMUNOGLOBULINS
Tests Completed:IRON STUDIES, IGF-1, INSULIN, FBC, SERUM FOLATE, SERUM VITAMIN B12
Tests Completed:SE E/LFT, SE VIT D, SE HDL, SE C-REACTIVE PROTEIN, ESR
Tests Pending :TTG, GLIADIN AB, ENA, SE CAERULOPLASMIN, ANA

SOUTHORN, AMY

9A SUNRAY CRES, LENNOX HEAD. 2478

Phone: 04 02649261

Birthdate: 28/05/1989 Sex: F Medicare Number: 62098320481

Your Reference: Lab Reference: 22-69392279-CAE-0

Laboratory: QML Pathology

Addressee: DR JULIA SPICER Referred by: DR JULIA SPICER

Name of Test: CAERULOPLASMIN,SERUM

Requested: 02/06/2022 Collected: 14/06/2022 Reported: 14/06/2022 23:09

Serum Caeruloplasmin 0.23 g/L (0.15-0.45)

As caeruloplasmin is an acute phase reactant and rises in the presence of infection, inflammation, oestrogen therapy or pregnancy, levels in the low normal range may not absolutely exclude Wilson disease.

Clinical Notes : nil

Tests Completed:ACTIVE VITAMIN B12, THYROID TISSUE AB, TFT, SE IMMUNOGLOBULINS
Tests Completed:IRON STUDIES, IGF-1, INSULIN, FBC, SERUM FOLATE, SERUM VITAMIN B12
Tests Completed:SE E/LFT, SE VIT D, SE HDL, SE C-REACTIVE PROTEIN, ESR
Tests Completed:SE CAERULOPLASMIN
Tests Pending :TTG, GLIADIN AB, ENA, ANA

SOUTHORN, AMY

9A SUNRAY CRES, LENNOX HEAD. 2478

Phone: 04 02649261

Birthdate: 28/05/1989 Sex: F Medicare Number: 62098320481

Your Reference: Lab Reference: 22-69392279-SPQ-0

Laboratory: QML Pathology

Addressee: DR JULIA SPICER Referred by: DR JULIA SPICER

Name of Test: SPECIFIC PROTEINS(MASTER)

Requested: 02/06/2022 Collected: 14/06/2022 Reported: 14/06/2022 21:37

SERUM IMMUNOGLOBULINS

IgG 8.5 g/L (6.6-14.9)

IgA 1.3 g/L (0.7-3.6)

+ IgM 1.8 g/L (0.4-1.6)

For any unexplained elevated immunoglobulins we suggest serum protein electrophoresis. Total immunoglobulins may be under or over-estimated if a paraprotein is present.

Clinical Notes : nil

Tests Completed:THYROID TISSUE AB, TFT, SE IMMUNOGLOBULINS, IGF-1, FBC, SE E/LFT
Tests Completed:SE VIT D, SE HDL, SE C-REACTIVE PROTEIN, ESR
Tests Pending :IRON STUDIES, INSULIN, TTG, GLIADIN AB, SERUM FOLATE
Tests Pending :SERUM VITAMIN B12, ENA, SE CAERULOPLASMIN, ANA

SOUTHORN, AMY
9A SUNRAY CRES, LENNOX HEAD. 2478
Phone: 04 02649261
Birthdate: 28/05/1989 **Sex:** F **Medicare Number:** 62098320481
Your Reference: **Lab Reference:** 22-69392279-ISM-0
Laboratory: QML Pathology
Addressee: DR JULIA SPICER **Referred by:** DR JULIA SPICER

Name of Test: MASTER IRON STUDIES
Requested: 02/06/2022 **Collected:** 14/06/2022 **Reported:** 14/06/2022 21:47

CUMULATIVE IRON STUDIES

Date 23/12/21 14/06/22
Time 11:10 08:32
Lab No 29453844 69392279

Iron	23	16	umol/L	(10-33)
TIBC	57	61	umol/L	(45-70)
Saturation	40	26	%	(16-50)
Ferritin	34	29	ug/L	(25-290)

69392279 **Comment:**
Low-normal iron stores.
A functional deficiency may exist in chronic disease states such
as chronic kidney disease (CKD) or disorders of Erythropoiesis.

Clinical Notes : nil

Tests Completed:THYROID TISSUE AB, TFT, SE IMMUNOGLOBULINS, IRON STUDIES, IGF-1, FBC
Tests Completed:SE E/LFT, SE VIT D, SE HDL, SE C-REACTIVE PROTEIN, ESR
Tests Pending :ACTIVE VITAMIN B12, INSULIN, TTG, GLIADIN AB, SERUM FOLATE
Tests Pending :SERUM VITAMIN B12, ENA, SE CAERULOPLASMIN, ANA

SOUTHORN, AMY
9A SUNRAY CRES, LENNOX HEAD. 2478
Phone: 04 02649261
Birthdate: 28/05/1989 **Sex:** F **Medicare Number:** 62098320481
Your Reference: **Lab Reference:** 22-69392279-HLC-0
Laboratory: QML Pathology
Addressee: DR JULIA SPICER **Referred by:** DR JULIA SPICER

Name of Test: HLA TYPING FOR COELIAC
Requested: 02/06/2022 **Collected:** 14/06/2022 **Reported:** 15/06/2022 12:43

HLA tissue typing for Coeliac Disease.

This sample has been referred to Dorevitch Pathology, VIC and results
are expected within 10 - 14 working days.

Clinical Notes : nil

Tests Completed:ACTIVE VITAMIN B12, THYROID TISSUE AB, TFT, SE IMMUNOGLOBULINS
Tests Completed:IRON STUDIES, IGF-1, INSULIN, FBC, SERUM FOLATE, SERUM VITAMIN B12
Tests Completed:SE E/LFT, SE VIT D, SE HDL, SE C-REACTIVE PROTEIN, ESR
Tests Completed:SE CAERULOPLASMIN
Tests Pending :TTG, GLIADIN AB, ENA, ANA

SOUTHORN, AMY
9A SUNRAY CRES, LENNOX HEAD. 2478
Phone: 04 02649261
Birthdate: 28/05/1989 **Sex:** F **Medicare Number:** 62098320481
Your Reference: **Lab Reference:** 22-69392279-ANA-0
Laboratory: QML Pathology
Addressee: DR JULIA SPICER **Referred by:** DR JULIA SPICER

Name of Test: ANTINUCLEAR ANTIBODY
Requested: 02/06/2022 **Collected:** 14/06/2022 **Reported:** 15/06/2022 13:36

ANTINUCLEAR ANTIBODY SEROLOGY

Anti-nuclear antibodies Negative

The ANA test is negative at the screening dilution of 1:80. A negative ANA excludes SLE in most cases. Consider ENA screening for patients with features of Sjogren's syndrome (to detect antibodies to SS-A which may co-exist with a negative ANA).
Anti-dsDNA antibody testing is usually not warranted with a negative ANA unless the clinical suspicion of SLE is high.

ENA result to follow.

For enquiries, contact Dr Paul Campbell 07 3121 4444
Patients should contact their referring doctor in regard to this result.

Clinical Notes : nil

Tests Completed:ACTIVE VITAMIN B12, THYROID TISSUE AB, TFT, SE IMMUNOGLOBULINS
Tests Completed:IRON STUDIES, IGF-1, INSULIN, FBC, SERUM FOLATE, SERUM VITAMIN B12
Tests Completed:SE E/LFT, SE VIT D, SE HDL, SE C-REACTIVE PROTEIN, ESR
Tests Completed:SE CAERULOPLASMIN, ANA
Tests Pending :TTG, GLIADIN AB, ENA

SOUTHORN, AMY
9A SUNRAY CRES, LENNOX HEAD. 2478
Phone: 04 02649261
Birthdate: 28/05/1989 **Sex:** F **Medicare Number:** 62098320481
Your Reference: **Lab Reference:** 22-69392279-ENA-0
Laboratory: QML Pathology
Addressee: DR JULIA SPICER **Referred by:** DR JULIA SPICER

Name of Test: EXTRACTABLE NUCLEAR AG
Requested: 02/06/2022 **Collected:** 14/06/2022 **Reported:** 15/06/2022 15:18

ENA Antibody Screen Negative

SS-A (Ro-60) Antibody	Negative
Ro-52 Antibody	Negative
SS-B Antibody	Negative
Sm Antibody	Negative
RNP Antibody	Negative
Scl-70 Antibody	Negative
PM-Scl Antibody	Negative
Jo-1 Antibody	Negative
CENP B Antibody	Negative
PCNA Antibody	Negative
Ribosomal P Protein Antibody	Negative

For enquiries, contact Dr Paul Campbell 07 3121 4444
Patients should contact their referring doctor in regard to this result.

Clinical Notes : nil

Tests Completed:ACTIVE VITAMIN B12, THYROID TISSUE AB, TFT, SE IMMUNOGLOBULINS
Tests Completed:IRON STUDIES, IGF-1, INSULIN, FBC, SERUM FOLATE, SERUM VITAMIN B12
Tests Completed:SE E/LFT, SE VIT D, SE HDL, SE C-REACTIVE PROTEIN, ESR, ENA
Tests Completed:SE CAERULOPLASMIN, ANA
Tests Pending :TTG, GLIADIN AB

SOUTHORN, AMY
9A SUNRAY CRES, LENNOX HEAD. 2478
Phone: 04 02649261
Birthdate: 28/05/1989 **Sex:** F **Medicare Number:** 62098320481
Your Reference: **Lab Reference:** 22-69392279-CDW-0
Laboratory: QML Pathology
Addressee: DR JULIA SPICER **Referred by:** DR JULIA SPICER

Name of Test: COELIAC AB MASTER
Requested: 02/06/2022 **Collected:** 14/06/2022 **Reported:** 16/06/2022 12:02

COELIAC DISEASE SEROLOGY

Gliadin IgG (deamidated peptide)	Not Detected
TTG IgA (human recombinant)	Not Detected

Negative serology makes the diagnosis of untreated coeliac disease unlikely provided the patient is on a gluten containing diet.

If a strong clinical suspicion exists, genetic testing for coeliac disease (HLA DQ2/DQ8) should be considered. A negative result for DQ2/DQ8 makes the diagnosis of coeliac disease highly unlikely. A small bowel biopsy may be required in the event of a positive DQ2/DQ8 result.

For enquiries, contact Dr Paul Campbell 07 3121 4444
Patients should contact their referring doctor in regard to this result.

Clinical Notes : nil

Tests Completed: ACTIVE VITAMIN B12, THYROID TISSUE AB, TFT, SE IMMUNOGLOBULINS
Tests Completed: IRON STUDIES, IGF-1, INSULIN, TTG, GLIADIN AB, FBC, SERUM FOLATE
Tests Completed: SERUM VITAMIN B12, SE E/LFT, SE VIT D, SE HDL, SE C-REACTIVE PROTEIN
Tests Completed: ESR, ENA, SE CAERULOPLASMIN, ANA
Tests Pending :

SOUTHORN, AMY
9A SUNRAY CRES, LENNOX HEAD. 2478
Phone: 04 02649261
Birthdate: 28/05/1989 **Sex:** F **Medicare Number:** 62098320481
Your Reference: **Lab Reference:** 22-69392279-HLC-0
Laboratory: QML Pathology
Addressee: DR JULIA SPICER **Referred by:** DR JULIA SPICER

Name of Test: HLA TYPING FOR COELIAC
Requested: 02/06/2022 **Collected:** 14/06/2022 **Reported:** 17/06/2022 15:30

COELIAC DISEASE GENOTYPING RESULTS

SPECIMEN:
Blood

HLA-DQ2.5 alleles
HLA-DQA1*05:01 = Not Detected
HLA-DQB1*02:01 = Not Detected

HLA-DQ2.2 alleles
HLA-DQA1*02:01 = Not Detected
HLA-DQB1*02:02 = Not Detected

HLA-DQ7 alleles
HLA-DQA1*05:05 = Not Detected
HLA-DQB1*03:01 = Not Detected

HLA-DQ8 alleles
HLA-DQA1*03:01 = Not Detected
HLA-DQB1*03:02 = Not Detected

INTERPRETATION:

This patient has NOT inherited any of the tested HLA DQ risk types associated with Coeliac Disease (CD). This patient has a very low CD predisposition risk. A diagnosis of CD is likely to be excluded, although very rarely, exceptions to these HLA associations have been observed. No further testing is recommended.

Please note that an at-risk HLA genotype is not diagnostic of Coeliac Disease, as only 3-4% of individuals with an at-risk genotype will develop Coeliac Disease. Rare exceptions to these HLA associations have been occasionally observed.

METHOD:

This assay is performed using the Lifecodes HLA-DQA1/DQB1 Typing Kit to PCR amplify patient DNA. A panel of sequence specific oligonucleotides coupled to a fluorescent multiplex bead immunoassay (Luminex) is then used to identify HLA alleles associated with

Coeliac Disease.

NOTES:

All test results should be interpreted in conjunction with clinical findings and other test results. If not already performed, suggest CD serology testing, which can be repeated every 2-3 years if negative.

Dr Kym Mina MBBS PhD FRCPA

Clinical Director, Genomic Diagnostics

Clinical Notes : nil

Tests Completed: ACTIVE VITAMIN B12, THYROID TISSUE AB, TFT, SE IMMUNOGLOBULINS
Tests Completed: IRON STUDIES, IGF-1, INSULIN, TTG, GLIADIN AB, FBC, SERUM FOLATE
Tests Completed: SERUM VITAMIN B12, SE E/LFT, SE VIT D, SE HDL, SE C-REACTIVE PROTEIN
Tests Completed: ESR, ENA, SE CAERULOPLASMIN, ANA
Tests Pending :

SOUTHORN, AMY
9A SUNRAY CRESCENT, LENNOX HEAD. 2478
Phone: 0402649261
Birthdate: 28/05/1989 Sex: F Medicare Number: 6209832048
Your Reference: A6D3B6D971 Lab Reference: 666977735-E-E199
Laboratory: SNP
Addressee: DR JULIA E SPICER Referred by: DR JULIA E SPICER

Name of Test: S- FERTILITY HORMONES
Requested: 02/06/2022 Collected: 21/06/2022 Reported: 22/06/2022 04:36

Clinical notes: Day 2

Clinical Notes : Day 2

Reproductive Hormones

Date	06/07/12	15/08/14	01/09/17	21/06/22		
Time F-Fast	0700 F	1019	1050 F	1401		
Lab Id.	587083342	597289539	638270921	666977735	Units	Reference
FSH	4	3		6	IU/L	
LH	<1	2		3	IU/L	
Oestradiol	68	136	117	164	pmol/L	
Progesterone		2.6			nmol/L	

Reference	FSH	LH	Oestradiol
Limits	IU/L	IU/L	pmol/L
Follicular	2 - 10	2 - 7	110 - 180
Mid-Cycle	7 - 24	9 - 74	550 - 1650
Luteal	1 - 10	1 - 9	180 - 840
Menopausal	20 - 140	10 - 65	<200
OCP	<5	<9	<80

EA

Sullivan Nicolaides Pty Ltd. ABN 38 078 202 196. NATA/RCPA Accreditation No 1964

Tests Completed: LH, FSH, Oestradiol, Prolactin, DHEAS, SHBG, AMH (Roche Plus)
Tests Pending : Testosterone, Calculated FTe
Sample Pending :

SOUTHORN, AMY
9A SUNRAY CRESCENT, LENNOX HEAD. 2478
Phone: 0402649261
Birthdate: 28/05/1989 Sex: F Medicare Number: 6209832048
Your Reference: A6D3B6D971 Lab Reference: 666977735-E-E223
Laboratory: SNP
Addressee: DR JULIA E SPICER Referred by: DR JULIA E SPICER

Name of Test: S- PROLACTIN
Requested: 02/06/2022 Collected: 21/06/2022 Reported: 22/06/2022 04:36

Clinical notes: Day 2

Clinical Notes : Day 2

Prolactin

Date	06/07/12	15/08/14	21/06/22		
Time F-Fast	0700 F	1019	1401	Units	Reference
Lab Id.	587083342	597289539	666977735		
Prolactin	104	71	159	mIU/L	(<500)

EA

Sullivan Nicolaides Pty Ltd. ABN 38 078 202 196. NATA/RCPA Accreditation No 1964

Tests Completed: LH,FSH,Oestradiol,Prolactin,DHEAS,SHBG,AMH (Roche Plus)

Tests Pending : Testosterone,Calculated FTe

Sample Pending :

SOUTHORN, AMY
9A SUNRAY CRESCENT, LENNOX HEAD. 2478
Phone: 0402649261
Birthdate: 28/05/1989 Sex: F Medicare Number: 6209832048
Your Reference: A6D3B6D971 Lab Reference: 666977735-E-E345
Laboratory: SNP
Addressee: DR JULIA E SPICER Referred by: DR JULIA E SPICER

Name of Test: S-DHEAS

Requested: 02/06/2022 Collected: 21/06/2022 Reported: 22/06/2022 04:36

Clinical notes: Day 2

Clinical Notes : Day 2

Date	06/12/16	03/09/18	21/06/22		
Time F-Fast	0850 F	1131	1401	Units	Reference
Lab Id.	632774240	644201075	666977735		
DHEAS	4.3	4.0	3.5	umol/L	(2.7-9.2)

Comments on Collection 21/06/22 1401:

DHEAS is performed by Abbott CMIA.

EA

Sullivan Nicolaides Pty Ltd. ABN 38 078 202 196. NATA/RCPA Accreditation No 1964

Tests Completed: LH,FSH,Oestradiol,Prolactin,DHEAS,SHBG,AMH (Roche Plus)

Tests Pending : Testosterone,Calculated FTe

Sample Pending :

SOUTHORN, AMY
9A SUNRAY CRESCENT, LENNOX HEAD. 2478
Phone: 0402649261
Birthdate: 28/05/1989 Sex: F Medicare Number: 6209832048
Your Reference: A6D3B6D971 Lab Reference: 666977735-E-E823
Laboratory: SNP
Addressee: DR JULIA E SPICER Referred by: DR JULIA E SPICER

Name of Test: AMH VIRTUAL

Requested: 02/06/2022 Collected: 21/06/2022 Reported: 22/06/2022 04:36

Clinical notes: Day 2

Clinical Notes : Day 2

Anti-Mullerian Hormone (AMH)

Anti-Mullerian Hormone (Roche Plus) 10.2 pmol/L (4.1 - 58.0)

Comments on Collection 666977735

The reference interval quoted above for the Roche AMH Plus assay is the age-related 2.5 - 97.5 percentile.

Generally accepted fertility criteria (not age-related):

<11.0 pmol/L: Suggestive of reduced ovarian reserve

- >24.0 pmol/L: Indicates the possibility of
1. Polycystic Ovarian Syndrome
 2. In post-menopausal females - granulosa cell tumour
 3. Increased risk of Ovarian Hyperstimulation Syndrome in a stimulated cycle

AMH is produced by the granulosa cells of developing follicles, and provides an estimate of the number of primordial follicles. Particularly in younger women, a low AMH level does not exclude the possibility of fertility.

Levels may be decreased in the latter part of the menstrual cycle and by the OC pill.

High dose biotin (Vitamin B7) can interfere in the AMH Plus assay, causing a falsely low result. High dose biotin may be used in the treatment of Multiple Sclerosis, and is present in certain vitamin supplements, particularly those for hair and nails. If the patient is taking high dose biotin supplementation (>5 mg/day) this result may not be accurate, please repeat this test after at least 3 days off biotin

Note change to Roche Plus AMH method as of the 29/08/2018.

EA

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Sullivan Nicolaides Pty Ltd. ABN 38 078 202 196. NATA/RCPA Accreditation No 1964

Tests Completed: LH,FSH,Oestradiol,Prolactin,DHEAS,SHBG,AMH (Roche Plus)

Tests Pending : Testosterone,Calculated FTe

Sample Pending :

SOUTHORN, AMY
9A SUNRAY CRESCENT, LENNOX HEAD. 2478
Phone: 0402649261
Birthdate: 28/05/1989 Sex: F Medicare Number: 6209832048
Your Reference: A6D3B6D971 Lab Reference: 666977735-V-V063
Laboratory: SNP
Addressee: DR JULIA E SPICER Referred by: DR JULIA E SPICER

Name of Test: .AMHR Graph
Requested: 02/06/2022 Collected: 21/06/2022 Reported: 22/06/2022 04:36

Clinical notes: Day 2

Clinical Notes : Day 2

SS

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Sullivan Nicolaides Pty Ltd. ABN 38 078 202 196. NATA/RCPA Accreditation No 1964

Tests Completed: LH,FSH,Oestradiol,Prolactin,DHEAS,SHBG,AMH (Roche Plus)

Tests Pending : Testosterone,Calculated FTe

Sample Pending :

SOUTHORN, AMY
9A SUNRAY CRESCENT, LENNOX HEAD. 2478
Phone: 0402649261
Birthdate: 28/05/1989 Sex: F Medicare Number: 6209832048
Your Reference: A6D3B6D971 Lab Reference: 666977735-E-E515
Laboratory: SNP
Addressee: DR JULIA E SPICER Referred by: DR JULIA E SPICER

Name of Test: S- ANDROGENS
Requested: 02/06/2022 Collected: 21/06/2022 Reported: 22/06/2022 08:34

Clinical notes: Day 2

Clinical Notes : Day 2

Androgens

Date	03/09/18	21/06/22		
Time	1131	1401		
Lab Id.	644201075	666977735	Units	Reference
Testosterone	1.0	0.8	nmol/L	(<2.2)
SHBG	154 H	75	nmol/L	(20.0-110.0)
Calculated FTe	6	8	pmol/L	(3-37)

Comments on Collection 21/06/22 1401:
SHBG performed on the Abbott immunoassay.

The Vermuelen calculation is the preferred measurement of free testosterone, and overcomes some of the inaccuracies of the FAI ratio.

BJ

Sullivan Nicolaides Pty Ltd. ABN 38 078 202 196. NATA/RCPA Accreditation No 1964

Tests Completed: LH,FSH,Oestradiol,Prolactin,Testosterone,DHEAS,SHBG,
Calculated FTe,AMH (Roche Plus)

Tests Pending :
Sample Pending :

SOUTHORN, AMY
9A SUNRAY CRESCENT, LENNOX HEAD. 2478
Phone: 0402649261
Birthdate: 28/05/1989 Sex: F Medicare Number: 6209832048
Your Reference: Lab Reference: 666977740-H-E416
Laboratory: SNP
Addressee: DR JULIA E SPICER Referred by: REFERRING D TO BE VERIFIED
Copy to: DR JULIA SPICER

Name of Test: HbA1C
Requested: 21/06/2022 Collected: 21/06/2022 Reported: 22/06/2022 10:34

Clinical notes: Non-Medicare Refundable Account To Patient

Clinical Notes : Non-Medicare Refundable Account To Patient

HbA1c

HbA1c (NGSP)	4.9	%	(<6.5)
HbA1c (IFCC)	31	mmol/mol	(<48)

Comments on Collection 666977740

The currently accepted cut-point for diagnosis of Type 2 Diabetes is an HbA1c level equal to or greater than 6.5% (48 mmol/mol) in patients with normal red blood cell turnover.

An abnormal screening HbA1c equal to or greater than 6.5% (48 mmol/mol) should be confirmed by a repeat HbA1c level as soon as possible, prior to any dietary adjustment or therapeutic intervention.

If the follow up HbA1c is less than 6.5% (48mmol/mol) then the patient does not have diabetes and should be rescreened in 12 months time.

(Ref: MJA 197/4:220-221 (2012))

Patients with HbA1c levels of 5.7 - 6.4% (38 - 46 mmol/mol) may still have a slightly increased risk of microvascular complications according to the AusDiab study.

The Medicare item for HbA1C for diagnosis of Diabetes Mellitus is limited to one test per 12 months; for monitoring Diabetes testing remains unchanged - 4 tests per 12 months.

Further information may be found at MBS online

<http://www9.health.gov.au/mbs/search.cfm>

An alternative test to monitor diabetes such as serum fructosamine is advisable in the presence of altered red cell lifespan.

HbA1c performed on the Sebia Cap3 analyser by capillary electrophoresis.

HA

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Sullivan Nicolaides Pty Ltd. ABN 38 078 202 196. NATA/RCPA Accreditation No 1964

Tests Completed: HbA1c
Tests Pending : Bl. Mercury,R-U-Iodine
Sample Pending :

SOUTHORN, AMY
9A SUNRAY CRESCENT, LENNOX HEAD. 2478
Phone: 0402649261
Birthdate: 28/05/1989 Sex: F Medicare Number: 6209832048
Your Reference: Lab Reference: 666977740-V-V244
Laboratory: SNP
Addressee: DR JULIA E SPICER Referred by: REFERRING D TO BE VERIFIED
Copy to: DR JULIA SPICER

Name of Test: .HbA1c Graph
Requested: 21/06/2022 Collected: 21/06/2022 Reported: 22/06/2022 10:34

Clinical notes: Non-Medicare Refundable Account To Patient

Clinical Notes : Non-Medicare Refundable Account To Patient

SS

PDF Image Enhanced Report

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Sullivan Nicolaides Pty Ltd. ABN 38 078 202 196. NATA/RCPA Accreditation No 1964

Tests Completed: HbA1c
Tests Pending : Bl. Mercury,R-U-Iodine
Sample Pending :

SOUTHORN, AMY
9A SUNRAY CRESCENT, LENNOX HEAD. 2478
Phone: 0402649261
Birthdate: 28/05/1989 Sex: F Medicare Number: 6209832048
Your Reference: Lab Reference: 666977740-C-B094
Laboratory: SNP
Addressee: DR JULIA E SPICER Referred by: REFERRING D TO BE VERIFIED
Copy to: DR JULIA SPICER

Name of Test: MERCURY VIRTUAL
Requested: 21/06/2022 Collected: 21/06/2022 Reported: 22/06/2022 18:35

Clinical notes: Non-Medicare Refundable Account To Patient

Clinical Notes : Non-Medicare Refundable Account To Patient

Mercury

Date	30/04/21	21/06/22		
Time	1500	1351		
Lab Id.	658730239	666977740	Units	Reference
Mercury-blood	33		nmol/L	(<60)

Date Begin 01/05/2021
Date Finish 02/05/2021

LJ

Sullivan Nicolaides Pty Ltd. ABN 38 078 202 196. NATA/RCPA Accreditation No 1964

Tests Completed: Bl. Mercury, HbA1c
Tests Pending : R-U-Iodine
Sample Pending :

SOUTHORN, AMY
9A SUNRAY CRESCENT, LENNOX HEAD. 2478
Phone: 0402649261
Birthdate: 28/05/1989 Sex: F Medicare Number: 6209832048
Your Reference: Lab Reference: 666977740-C-C763
Laboratory: SNP
Addressee: DR JULIA E SPICER Referred by: TO NON MEDICARE REFERRALS
Copy to:
MS ALEXANDRA MIDDLETON
DR JULIA SPICER

Name of Test: IODINE-R-URINE
Requested: 21/06/2022 Collected: 21/06/2022 Reported: 23/06/2022 15:34

Clinical notes: Non-Medicare Refundable Account To Patient

Clinical Notes : Non-Medicare Refundable Account To Patient

Date	14/09/11	09/01/13	21/06/22		
Time	1555	Unkn	1351	Units	Reference
Lab Id.	400196798	400757772	666977740		
R-U-Creatinine	7.0	3.8	1.3	mmol/L	
R-U-Iodine	29	44	302	ug/L	(>100)
Creat Cor Iodine			1882	ug/L	(>100)

Comments on Collection 21/06/22 1351:

R-U-Iodine

Iodine levels are interpreted using the WHO criteria. However, the creatinine-corrected iodine level allows for iodine assessment in urine samples which are more dilute or concentrated than usual.

WHO classification of iodine deficiency - Urine Iodine levels:

Not Iodine deficient:	>100 ug/L	urine
Mild Iodine deficiency:	50 - 100 ug/L	urine
Moderate Iodine deficiency:	20 - 49 ug/L	urine
Severe Iodine deficiency:	<20 ug/L	urine

To convert Iodine ug/L to Iodine nmol/L
ug/L x 7.88 = nmol/L

HMRC recommends supplementation of 150ug/day of Iodine to ensure that all women who are pregnant, breastfeeding or considering pregnancy have adequate iodine status. Women should not take kelp (seaweed) supplements or kelp based products because they may contain varying levels of iodine and may be contaminated with heavy metals such as mercury.

In patients with multinodular or physical goitre, supplementation of iodine such that urine levels reach concentrations >1000ug/L may predispose to thyroid hyper or hypofunction.

MD

Sullivan Nicolaides Pty Ltd. ABN 38 078 202 196. NATA/RCPA Accreditation No 1964

Tests Completed: Bl. Mercury, R-U-Iodine, HbA1c
Tests Pending :
Sample Pending :