

Start Patient : GORYUNOVA,ANNA  
27 KARINYA PL, WAHROONGA, NSW 2076  
Birthdate: 27/11/1998 Age: Y23 Sex: F  
Telephone: 94460890

Your Reference : 813934566048  
Lab Reference : 22-19295790 -  
Medicare Number: 2638106065  
Phone Enquiries:

Referred By... : DR. PAMELA GOODWIN  
Addressee : DR. PAM GOODWIN 0325659X  
Lab. Reference: 22-19295790-VBF-0  
Requested: Thursday, 14 April 2022  
Performed: Friday, 6 May 2022  
Test name: B12, FOLATE, R.C.FOLATE (VBF-0)  
Provider name: Laverty Pathology

VITAMIN B12 AND FOLATE STUDIES

|                            |          |          |          |
|----------------------------|----------|----------|----------|
| Request Number             | 21475971 | 15961157 | 19295790 |
| Date Collected             | 6 Feb 20 | 8 Oct 21 | 6 May 22 |
| Time Collected             | 16:11    | 08:18    | 08:00    |
| B12 (301-740)pmol/L        | 603      | 283      | 297      |
| Active B12 (> 40) pmol/L   |          | 72       | 81       |
| Serum Folate (> 9.0)nmol/L | 36.8     | 32.5     | 32.9     |

Serum Vitamin B12 Assay:

| DEFICIENCY  | BORDERLINE       | SUFFICIENCY       |
|-------------|------------------|-------------------|
| <150 pmol/L | 150 - 300 pmol/L | >300 - 740 pmol/L |

For patients with total B12 levels in the low or borderline range, testing for active B12 (holotranscobalamin II) will automatically be performed to resolve B12 status. Active B12 is the biologically active fraction of total serum B12, and a superior indicator of B12 status. Up to 15% of individuals may have a deficiency of the carrier protein haptocorrin, which does not result in clinical B12 deficiency, despite low total B12 levels.

Serum Active B12 Assay:

This active B12 result indicates that the patient is likely to be vitamin B12 sufficient. Patients with renal impairment may still be B12 depleted despite an active B12 level within this range. For these patients, correlation with total B12, homocysteine and/or methylmalonate is required.

Folate Interpretation:

|               | DEFICIENCY  | BORDERLINE       | SUFFICIENCY |
|---------------|-------------|------------------|-------------|
| Serum Folate: | <4.5 nmol/L | 4.5 - 9.0 nmol/L | >9.0 nmol/L |
| RBC Folate:   | <340 nmol/L | 340 - 570 nmol/L | >570 nmol/L |

Serum Folate Assay:

In the absence of recent oral intake, a serum folate >9.0 nmol/L effectively rules out folate deficiency.

Please note that Medicare requirements for folate testing reflect current best practice. Red cell folate will be reserved for patients with borderline values for serum folate (between 4.5 and 9.0 nmol/L.)

Please note that as of 03/05/2022, Laverty Pathology changed to the Atellica analyser for Active B12 testing. Results may be slightly higher compared to the previous method. Reference intervals have been adjusted accordingly. If further information is required, please contact a Chemical Pathologist on 9005 7000.

Requested Tests : VBF, TFT, GLU, ESR, CRP, 125, MBA, LIP, INS, IMM, HOR, FE, FBE, EBV\*, CTD\*, COE\*, A1C

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Referred By... : DR. PAMELA GOODWIN  
Addressee : DR. PAM GOODWIN 0325659X  
Lab. Reference: 22-19295790-INS-0  
Requested: Thursday, 14 April 2022  
Performed: Friday, 6 May 2022  
Test name: SERUM INSULIN (INS-0)  
Provider name: Laverty Pathology

SERUM INSULIN

|                |               |
|----------------|---------------|
| Fasting status | Fasting       |
| Haemolysis     | Nil           |
| Insulin        | 8 mU/L (< 10) |

ASSESSMENT OF INSULIN RESISTANCE (FASTING SAMPLES ONLY)

< 10 - normal insulin sensitivity  
10-14 - mild insulin resistance  
> 14 - insulin resistance

Insulin results from non-fasting samples are difficult to interpret  
although any result  $\geq 60$  mU/L is likely to indicate insulin resistance.

Requested Tests : VBF\*, TFT, GLU, ESR, CRP, 125, MBA, LIP, INS, IMM, HOR, FE, FBE, EBV\*,  
CTD\*, COE\*, A1C  
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Referred By... : DR. PAMELA GOODWIN  
Addressee : DR. PAM GOODWIN 0325659X  
Lab. Reference: 22-19295790-IMM-0  
Requested: Thursday, 14 April 2022  
Performed: Friday, 6 May 2022  
Test name: IMMUNOGLOBULINS (IMM-0)  
Provider name: Laverty Pathology

SERUM IMMUNOGLOBULINS

|     |          |              |
|-----|----------|--------------|
| IgG | 6.89 g/L | (6.50-16.00) |
| IgA | 1.57 g/L | (0.40-3.50)  |
| IgM | 1.31 g/L | (0.53-3.00)  |

Requested Tests : VBF\*, TFT, GLU, ESR, CRP, 125, MBA, LIP, INS\*, IMM, HOR, FE, FBE,  
EBV\*, CTD\*, COE\*, A1C  
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Phone Enquiries:

Referred By... : DR. PAMELA GOODWIN  
Addressee : DR. PAM GOODWIN 0325659X  
Lab. Reference: 22-19295790-A1C-0  
Requested: Thursday, 14 April 2022  
Performed: Friday, 6 May 2022  
Test name: GLYCATED HAEMOGLOBIN (A1C-0)  
Provider name: Laverty Pathology

GLYCATED HAEMOGLOBIN (HbA1c)

|                     |     |          |           |
|---------------------|-----|----------|-----------|
| Specimen Type: EDTA |     |          |           |
| HbA1c- NGSP         | 5.1 | %        | (4.0-6.0) |
| HbA1c- IFCC         | 32  | mmol/mol | (20-42)   |

The WHO recommends that an HbA1c cut-off of  $\geq 6.5\%$  (48 mmol/mol) is used to diagnose type 2 diabetes.

While it is recognised that HbA1c levels approaching this cut-off place patients at increasingly higher risk of developing diabetes ( $<6.5\%$ ), there is no consensus as to exactly which cut-off at the lower end of the continuum to use for categorising patients as high risk. Various groups quote lower limits for at-risk patients that vary between 5.5% and 6.0% (37 and 42 mmol/mol).

Please note that HbA1c should not be used for diagnosing diabetes mellitus in the following circumstances:

- Children and young people
- Pregnancy - current or within the past 2 months
- Suspected Type 1 diabetes mellitus
- Symptoms of diabetes for  $<2$  months
- Patients who are acutely ill
- Patients taking drugs that can cause rapid onset hyperglycaemia such as corticosteroids, antipsychotic drugs
- Acute pancreatic damage or pancreatic surgery
- Kidney failure
- Patients being treated for HIV infection

Please be cautious when requesting or interpreting HbA1c when patients:

- May have an abnormal haemoglobin
- May be anaemic
- May have an altered red cell lifespan (e.g. post-splenectomy)
- May have had a recent blood transfusion

Requested Tests : VBF\*, TFT, GLU, ESR, CRP, 125, MBA, LIP, INS\*, IMM\*, HOR, FE, FBE, EBV\*, CTD\*, COE\*, A1C

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Referred By... : DR. PAMELA GOODWIN  
Addressee : DR. PAM GOODWIN 0325659X  
Lab. Reference: 22-19295790-CTD-0  
Requested: Thursday, 14 April 2022  
Performed: Friday, 6 May 2022  
Test name: AUTOIMMUNE (CTD-0)  
Provider name: Laverty Pathology

AUTOIMMUNE SEROLOGY

Anti-nuclear antibodies Negative

The ANA was negative at the screening dilution of 1:80. A negative ANA

excludes lupus in 95% of cases. Consider ENA screening for patients with features of Sjogren's Syndrome (to detect antibodies to SS-A) and antibodies to cardiolipin, beta-2 glycoprotein 1, and lupus anticoagulant for patients with features of the anti-phospholipid antibody syndrome.

Antibodies to Extractable Nuclear Antigens (ENA)

|                        |              |
|------------------------|--------------|
| Antibody to Sm         | Not detected |
| Antibody to nRNP       | Not detected |
| Antibody to SSA (Ro60) | Not detected |
| Antibody to SSA (Ro52) | Not detected |
| Antibody to SSB        | Not detected |
| Antibody to Scl-70     | Not detected |
| Antibody to Jo-1       | Not detected |
| Antibody to Ribo-P     | Not detected |

Antibodies to the extractable nuclear antigens listed above were not detected by screening with a multiplex immunoassay. Antibodies to additional disease-associated ENAs (including PM-Scl and others) are not detectable with the current assay.

All testing performed on serum or plasma unless otherwise specified.

Requested Tests : VBF, TFT, GLU, ESR, CRP, 125, MBA, LIP, INS, IMM, HOR, FE, FBE, EBV, CTD, COE, A1C

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Referred By... : DR. PAMELA GOODWIN  
Addressee : DR. PAM GOODWIN 0325659X  
Lab. Reference: 22-19295790-COE-0  
Requested: Thursday, 14 April 2022  
Performed: Friday, 6 May 2022  
Test name: COELIAC MASTER PANEL (COE-0)  
Provider name: Laverty Pathology

COELIAC DISEASE SEROLOGY

|                                |          |             |
|--------------------------------|----------|-------------|
| Deamidated gliadin peptide IgG | < 1 U/mL | (< 15)      |
| Total IgA                      | 1.57 g/L | (0.40-3.50) |
| Transglutaminase IgA           | < 1 U/mL | (< 15)      |

No serological evidence of coeliac disease or dermatitis herpetiformis. False negative results may occur in affected individuals compliant with a gluten-free diet. Affected children aged under 5 years may also be negative for IgA- tissue transglutaminase antibodies.

All testing performed on serum or plasma unless otherwise specified.

Requested Tests : VBF, TFT, GLU, ESR, CRP, 125, MBA, LIP, INS, IMM, HOR, FE, FBE, EBV, CTD, COE, A1C

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Referred By... : DR. PAMELA GOODWIN  
Addressee : DR. PAM GOODWIN 0325659X  
Lab. Reference: 22-19295790-HOR-0  
Requested: Thursday, 14 April 2022  
Performed: Friday, 6 May 2022  
Test name: HORMONE PROFILE (HOR-0)  
Provider name: Laverty Pathology

| SERUM HORMONE PROFILE |          |       |      |           |            |           |        |
|-----------------------|----------|-------|------|-----------|------------|-----------|--------|
| Specimen Type: Serum  |          |       |      |           |            |           |        |
| Request Date          |          | FSH   | LH   | PROG      | E2 (ATEL)  | E2 (BECK) | LH/FSH |
| Number Collected      |          | IU/L  | IU/L | nmol/L    | pmol/L     | pmol/L    | Ratio  |
| 19295790              | 6 May 22 | 5     | 4.9  | 20        | 275        |           |        |
| Reference Ranges      |          | FSH   | LH   | PROG      | OESTRADIOL |           |        |
| Follicular            |          | 2-12  | 2-12 | 0.5-4.5   | 100-530    |           |        |
| Midcycle              |          | 12-30 | >15  |           | 235-1300   |           |        |
| Luteal                |          | 2-12  | 2-15 | 10.6-89.1 | 205-790    |           |        |
| Menopausal            |          | >25   | >10  |           | <100       |           |        |
| Prepubertal           |          | <6    | <4   |           |            |           |        |

PLEASE NOTE:

'E2 (ATEL)' - Oestradiol by Siemens Atellica assay  
'E2 (BECK)' - Oestradiol by Beckman Access assay

Requested Tests : VBF\*, TFT, GLU, ESR, CRP, 125, MBA, LIP, INS\*, IMM\*, HOR, FE, FBE, EBV\*, CTD\*, COE\*, A1C\*

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Referred By... : DR. PAMELA GOODWIN  
Addressee : DR. PAM GOODWIN 0325659X  
Lab. Reference: 22-19295790-125-0  
Requested: Thursday, 14 April 2022  
Performed: Friday, 6 May 2022  
Test name: CANCER ANTIGEN 125 (125-0)  
Provider name: Laverty Pathology

SERUM CANCER ANTIGEN 125

CA 125 (Siemens) ~ 13 U/mL (< 35)

Requested Tests : VBF\*, TFT, GLU, ESR, CRP, 125, MBA, LIP, INS\*, IMM\*, HOR\*, FE, FBE, EBV\*, CTD\*, COE\*, A1C\*

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Referred By... : DR. PAMELA GOODWIN  
Addressee : DR. PAM GOODWIN 0325659X  
Lab. Reference: 22-19295790-FE-0

Requested: Thursday, 14 April 2022  
Performed: Friday, 6 May 2022  
Test name: IRON STUDIES (FE-0)  
Provider name: Laverty Pathology

IRON STUDIES

|                      |           |          |          |          |
|----------------------|-----------|----------|----------|----------|
| Request Number       | 18958035  | 21475971 | 15961157 | 19295790 |
| Date Collected       | 24 May 19 | 6 Feb 20 | 8 Oct 21 | 6 May 22 |
| Time Collected       | 10:55     | 16:11    | 08:18    | 08:00    |
| Specimen Type: Serum |           |          |          |          |
| Iron (10-30)         | umol/L    | 13       | 10       | 19       |
| Tferrin(32-48)       | umol/L    | 33       | 30       | 30       |
| T. Sat. (13-45)      | %         | 20       | 17       | 32       |
| Ferritin(30-165)     | ug/L      | 15       | 25       | 18       |
|                      |           |          |          | 166      |

Marked increase in serum ferritin noted since last assessment. Note that iron studies are unreliable for several days after blood transfusion and the ferritin level can remain elevated for 2 - 3 months after an intravenous iron infusion. Acute liver disease or inflammatory conditions may also cause a sudden rise in serum ferritin.

Requested Tests : VBF\*, TFT, GLU, ESR, CRP, 125\*, MBA, LIP, INS\*, IMM\*, HOR\*, FE, FBE, EBV\*, CTD\*, COE\*, A1C\*

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Referred By... : DR. PAMELA GOODWIN  
Addressee : DR. PAM GOODWIN 0325659X  
Lab. Reference: 22-19295790-TFT-0  
Requested: Thursday, 14 April 2022  
Performed: Friday, 6 May 2022  
Test name: THYROID FUNCTION TEST (TFT-0)  
Provider name: Laverty Pathology

THYROID PROFILE

|                      |           |          |          |
|----------------------|-----------|----------|----------|
| Request Number       | 18958035  | 15961157 | 19295790 |
| Date Collected       | 24 May 19 | 8 Oct 21 | 6 May 22 |
| Time Collected       | 10:55     | 08:18    | 08:00    |
| Specimen Type: Serum |           |          |          |
| TSH (0.5-4.0)        | mIU/L     | 1.2      | 2.0      |
|                      |           |          | 1.7      |

Result(s) consistent with euthyroidism.

Please note the above reference intervals have been developed from a non-pregnant healthy general population study.

Requested Tests : VBF\*, TFT, GLU, ESR, CRP, 125\*, MBA, LIP, INS\*, IMM\*, HOR\*, FE, FBE, EBV\*, CTD\*, COE\*, A1C\*

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Medicare Number: 2638106065  
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Referred By... : DR. PAMELA GOODWIN  
Addressee : DR. PAM GOODWIN 0325659X  
Lab. Reference: 22-19295790-ESR-0  
Requested: Thursday, 14 April 2022  
Performed: Friday, 6 May 2022

Test name: E.S.R (ESR-0)  
Provider name: Lavery Pathology

HAEMATOLOGY

Request Number 19295790  
Date Collected 6 May 22  
Time Collected 08:00  
Specimen Type: EDTA  
ESR (< 30) mm/hr 8

Requested Tests : VBF\*, TFT\*, GLU, ESR, CRP, 125\*, MBA, LIP, INS\*, IMM\*, HOR\*, FE\*, FBE, EBV\*, CTD\*, COE\*, A1C\*

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Medicare Number: 2638106065  
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Referred By... : DR. PAMELA GOODWIN  
Addressee : DR. PAM GOODWIN 0325659X  
Lab. Reference: 22-19295790-CRP-0  
Requested: Thursday, 14 April 2022  
Performed: Friday, 6 May 2022  
Test name: C-REACTIVE PROTEIN (CRP-0)  
Provider name: Lavery Pathology

C-REACTIVE PROTEIN

|                      |           |          |
|----------------------|-----------|----------|
| Request Number       | 18958035  | 19295790 |
| Date Collected       | 24 May 19 | 6 May 22 |
| Time Collected       | 10:55     | 08:00    |
| Specimen Type: Serum |           |          |
| CRP (< 6.0) mg/L     | < 4.0     | < 4.0    |

Requested Tests : VBF\*, TFT\*, GLU, ESR\*, CRP, 125\*, MBA, LIP, INS\*, IMM\*, HOR\*, FE\*, FBE, EBV\*, CTD\*, COE\*, A1C\*

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Referred By... : DR. PAMELA GOODWIN  
Addressee : DR. PAM GOODWIN 0325659X  
Lab. Reference: 22-19295790-MBA-0  
Requested: Thursday, 14 April 2022  
Performed: Friday, 6 May 2022  
Test name: SERUM CHEMISTRY (MBA-0)  
Provider name: Lavery Pathology

SERUM CHEMISTRY

|                      |           |          |          |          |
|----------------------|-----------|----------|----------|----------|
| Request Number       | 18958035  | 21475971 | 15961157 | 19295790 |
| Date Collected       | 24 May 19 | 6 Feb 20 | 8 Oct 21 | 6 May 22 |
| Time Collected       | 10:55     | 16:11    | 08:18    | 08:00    |
| Specimen Type: Serum |           |          |          |          |
| Haemolysis           | Nil       | Nil      | Nil      | Nil      |
| Icterus              | Nil       | Nil      | Nil      | Nil      |
| Lipaemia             | Nil       | Nil      | Nil      | Nil      |
| Na (135-145) mmol/L  | 142       | 142      | 140      | 140      |
| K (3.6-5.4) mmol/L   | 5.5       | 4.4      | 4.2      | 4.2      |

|                                |        |      |      |      |      |
|--------------------------------|--------|------|------|------|------|
| Cl (95-110)                    | mmol/L | 107  | 105  | 101  | 102  |
| HCO3 (22-32)                   | mmol/L | 26   | 26   | 23   | 25   |
| An Gap (10-20)                 | mmol/L | 14   | 15   | 20   | 17   |
| Urea (2.5-6.7)                 | mmol/L | 4.9  | 3.8  | 3.7  | 3.6  |
| Creat (45-90)                  | umol/L | 65   | 65   | 80   | 65   |
| eGFR mL/min/1.73m <sup>2</sup> |        | > 90 | > 90 | 89   | > 90 |
| Urate (0.14-0.36)              | mmol/L |      | 0.33 | 0.37 | 0.33 |
| Bili (< 15)                    | umol/L | 14   | 11   | 23   | 17   |
| AST (< 30)                     | U/L    | 16   | 16   | 13   | 16   |
| ALT (< 30)                     | U/L    | 14   | 15   | 9    | 22   |
| GGT (< 30)                     | U/L    | 11   | 7    | 12   | 17   |
| Alk Phos (20-105)              | U/L    | 73   | 88   | 79   | 84   |
| Protein (60-82)                | g/L    | 72   | 72   | 71   | 71   |
| Albumin (38-50)                | g/L    | 50   | 49   | 49   | 49   |
| Glob (20-39)                   | g/L    | 22   | 23   | 22   | 22   |
| Ca (2.10-2.60)                 | mmol/L | 2.67 | 2.58 | 2.51 | 2.47 |
| Corr Ca (2.10-2.60)            | mmol/L | 2.53 | 2.46 | 2.39 | 2.35 |
| PO4 (0.75-1.50)                | mmol/L |      | 1.20 | 1.30 | 1.28 |
| Mg (0.70-1.10)                 | mmol/L |      | 0.80 |      |      |

eGFR >=90 mL/min/1.73m<sup>2</sup> usually indicates normal kidney function but does not exclude patients with early kidney damage (those with albuminuria, haematuria or abnormal kidney imaging).

Requested Tests : VBF\*, TFT\*, GLU, ESR\*, CRP, 125\*, MBA, LIP, INS\*, IMM\*, HOR\*, FE\*, FBE, EBV\*, CTD\*, COE\*, A1C\*

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 Medicare Number: 2638106065  
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Referred By... : DR. PAMELA GOODWIN  
 Addressee : DR. PAM GOODWIN 0325659X  
 Lab. Reference: 22-19295790-GLU-0  
 Requested: Thursday, 14 April 2022  
 Performed: Friday, 6 May 2022  
 Test name: GLUCOSE (GLU-0)  
 Provider name: Laverty Pathology

#### SERUM/PLASMA GLUCOSE

|                        |           |          |          |          |
|------------------------|-----------|----------|----------|----------|
| Request Number         | 18958035  | 21475971 | 15961157 | 19295790 |
| Date Collected         | 24 May 19 | 6 Feb 20 | 8 Oct 21 | 6 May 22 |
| Time Collected         | 10:55     | 16:11    | 08:18    | 08:00    |
| Fasting status         | Random    | Random   | Fasting  | Fasting  |
| Serum (3.4-5.4) mmol/L | 4.7       | 5.0      | 4.9      | 5.2      |

Normal glucose concentration.

Requested Tests : VBF\*, TFT\*, GLU, ESR\*, CRP\*, 125\*, MBA\*, LIP, INS\*, IMM\*, HOR\*, FE\*, FBE, EBV\*, CTD\*, COE\*, A1C\*

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Referred By... : DR. PAMELA GOODWIN  
 Addressee : DR. PAM GOODWIN 0325659X  
 Lab. Reference: 22-19295790-LIP-0  
 Requested: Thursday, 14 April 2022  
 Performed: Friday, 6 May 2022  
 Test name: LIPID STUDIES (LIP-0)  
 Provider name: Laverty Pathology

# LIPID STUDIES

Request Number 21475971 15961157 19295790  
 Date Collected 6 Feb 20 8 Oct 21 6 May 22  
 Time Collected 16:11 08:18 08:00  
 Specimen Type: Serum

Reference intervals are included for reference only, and interpretation / treatment goals should be guided by patient-specific cardiovascular risk assessment (see Australian Cardiovascular Risk Charts. Alternatively, the web-site [www.cvdcheck.org.au](http://www.cvdcheck.org.au) can be accessed in order to complete a risk assessment for individual patients.)

Haemolysis Nil Nil Nil  
 Icterus Nil Nil Nil  
 Lipaemia Nil Nil Nil

| Fasting status        | Random | Fasting | Fasting |
|-----------------------|--------|---------|---------|
| Chol (3.0-5.2) mmol/L | 4.9    | 4.9     | 4.4     |
| Trig (0.5-1.7) mmol/L | 1.1    | 0.5     | 0.5     |
| HDL (1.0-2.0) mmol/L  |        | 2.0     |         |
| LDL (1.5-3.4)         |        | 2.7     |         |
| Non-HDL (< 3.4)       |        | 2.9     |         |
| Chol/HDL(< 4.5)       |        | 2.5     |         |

NVDPA TARGET LIPID RANGES (MMOL/L) FOR PATIENTS AT HIGH / MODERATE RISK OF CARDIOVASCULAR DISEASE:

|                   |        |
|-------------------|--------|
| TOTAL CHOLESTEROL | <4.0   |
| TRIGS (FASTING)   | <2.0   |
| HDL-C             | >= 1.0 |
| LDL-C             | <2.0   |
| NON HDL-C         | <2.5   |

Requested Tests : VBF\*, TFT\*, GLU, ESR\*, CRP\*, 125\*, MBA\*, LIP, INS\*, IMM\*, HOR\*, FE\*, FBE, EBV\*, CTD\*, COE\*, A1C\*

Start Patient : GORYUNOVA,ANNA  
 27 KARINYA PL, WAHROONGA, NSW 2076  
 Birthdate: 27/11/1998 Age: Y23 Sex: F  
 Telephone: 94460890

Your Reference : 813934566048  
 Lab Reference : 22-19295790  
 Medicare Number: 2638106065  
 Phone Enquiries:

Referred By... : DR. PAMELA GOODWIN  
 Addressee : DR. PAM GOODWIN 0325659X  
 Lab. Reference: 22-19295790-FBE-0  
 Requested: Thursday, 14 April 2022  
 Performed: Friday, 6 May 2022  
 Test name: HAEMATOLOGY (FBE-0)  
 Provider name: Laverty Pathology

## HAEMATOLOGY

| Request Number                      | 18958035  | 21475971 | 15961157 | 19295790 |
|-------------------------------------|-----------|----------|----------|----------|
| Date Collected                      | 24 May 19 | 6 Feb 20 | 8 Oct 21 | 6 May 22 |
| Time Collected                      | 10:55     | 16:11    | 08:18    | 08:00    |
| Specimen Type: EDTA                 |           |          |          |          |
| Hb (115-165) g/L                    | 128       | 131      | 132      | 134      |
| Hct (0.34-0.47)                     | 0.40      | 0.40     | 0.40     | 0.41     |
| RCC (3.9-5.8) x10 <sup>12</sup> /L  | 4.5       | 4.5      | 4.6      | 4.5      |
| MCV (79-99) fL                      | 89        | 89       | 88       | 89       |
| MCH (27-34) pg                      | 28        | 29       | 29       | 30       |
| MCHC (320-360) g/L                  | 318       | 328      | 328      | 331      |
| RDW (10.0-17.0) %                   | 12.4      | 12.0     | 12.3     | 11.7     |
| WBC (4.0-11.0) x10 <sup>9</sup> /L  | 6.0       | 8.4      | 4.8      | 6.0      |
| Neut (2.0-7.5) x10 <sup>9</sup> /L  | 3.4       | 5.4      | 2.5      | 3.6      |
| Lymph (1.0-4.0) x10 <sup>9</sup> /L | 2.0       | 2.3      | 1.8      | 1.7      |

|                |                  |    |     |     |     |     |
|----------------|------------------|----|-----|-----|-----|-----|
| Mono (0.2-1.0) | x10 <sup>9</sup> | /L | 0.5 | 0.6 | 0.4 | 0.5 |
| Eos (< 0.7)    | x10 <sup>9</sup> | /L | 0.1 | 0.1 | 0.0 | 0.1 |
| Baso (< 0.2)   | x10 <sup>9</sup> | /L | 0.1 | 0.1 | 0.0 | 0.1 |
| Plat (150-400) | x10 <sup>9</sup> | /L | 331 | 339 | 257 | 307 |

HAEMATOLOGY: FBC parameters are within reference range.

Requested Tests : VBF\*, TFT\*, GLU\*, ESR\*, CRP\*, 125\*, MBA\*, LIP\*, INS\*, IMM\*, HOR\*, FE\*, FBE, EBV\*, CTD\*, COE\*, A1C\*

Start Patient : GORYUNOVA, ANNA  
 27 KARINYA PL, WAHROONGA, NSW 2076  
 Birthdate: 27/11/1998 Age: Y23 Sex: F  
 Telephone: 94460890

Your Reference : 813934566048  
 Lab Reference : 22-19295790  
 Medicare Number: 2638106065  
 Phone Enquiries:

Referred By... : DR. PAMELA GOODWIN  
 Addressee : DR. PAM GOODWIN 0325659X  
 Lab. Reference: 22-19295790-EBV-0  
 Requested: Thursday, 14 April 2022  
 Performed: Friday, 6 May 2022  
 Test name: EPSTEIN-BARR VIRUS (EBV-0)  
 Provider name: Laverty Pathology

#### EBV SEROLOGY

|                            |     |   |                 |
|----------------------------|-----|---|-----------------|
| Epstein-Barr virus (VCA)   | IgG | ~ | <b>POSITIVE</b> |
| Epstein-Barr virus (VCA)   | IgM |   | Negative        |
| EBV Nuclear Antigen (EBNA) | IgG |   | Negative        |

All testing performed on serum or plasma unless otherwise specified.

Results suggest past or recent-past infection (approximately 1-3 months ago) however false positive or negative results occasionally arise. Antibodies to EBNA are usually detected 2-3 months after infection and usually persist for life.

Requested Tests : VBF, TFT, GLU, ESR, CRP, 125, MBA, LIP, INS, IMM, HOR, FE, FBE, EBV, CTD\*, COE\*, A1C

## FLORENCE STREET

# familypractice

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