

Lab ID 278658797

DOB 19/05/1953 (65 Y MALE)

Referrer Ms Alexandra Middleton

Address NUTRITIONIST NUTRITIONIST 50 BELLEVUE ROAD

**BELLEVUE HILL NSW 2023** 

Phone 0410503376

Your ref. 278658797

Address 2/415 OCEAN BEACH RD MOUNT MAUNGANUI

NEW ZEALAND 0000

Phone +6421504093

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Collected 27/07/2018 12:16 AEDT Received 27/07/2018 12:17 AEDT

### **Reproductive Hormones**

(Abbott Architect Method)

Test Name	Result	Units	Reference Interval	
DHEAS	3.1	umol/L	1.2 - 9.6	

Supervising Pathologist: GC, NT

NATA ACCREDITATION NO 2178

### Mercury

Mercury-blood 97 H nmol/L <60

### Comments

The major source of mercury in subjects without industrial exposure is dietary, particularly fish. Minor increases in mercury levels may be due to fish consumption and all sea foods should be excluded from the diet for at least 2 weeks prior to repeat testing. Reported by Sullivan and Nicolaides Pathology, a member of the Sonic Healthcare Group.

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### Zinc

Zinc-plasma 11.5 umol/L 9.0 - 19.0

### Comments

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### Iron Studies

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Test Name	Result	Units	Reference Interval	
Iron	14.8	umol/L	5.0 - 30.0	
Transferrin	2.8	g/L	2.0 - 3.2	
TIBC (Calculated)	62	umol/L	46 - 70	
Saturation	24	%	10 - 45	
Ferritin	185	ug/L	30 - 300	

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### 25-OH Vitamin D

Test Name	Result	Units	Reference Interval	
Vitamin D	63	nmol/L	50 - 140	

### Comments

According to the Position Statement 'Vitamin D and health in adults in Australia and New Zealand' MJA, 196(11):686-687, 2012, Vitamin D status is defined as:

Mild Deficiency 30 - 49 nmol/L
Moderate Deficiency 12.5 - 29 nmol/L
Severe Deficiency <12.5 nmol/L

Vitamin D adequacy can be defined as a level >49 nmol/L at the end of winter - the level may need to be 10 - 20 nmol/L higher at the end of summer, to allow for seasonal decrease.

From 1st November 2014, Medicare rebates for vitamin D testing will apply to patients at risk of Vitamin D deficiency such as chronic lack of sun exposure.

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### **Heavy Metals**

Serum Copper 17 umol/L 12 - 22

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### Methylene Tetrahydrofolate Reductase Gene Mutation

MTHFR c.665C>T Heterozygous MTHFR c.1286A>C Heterozygous

#### Comments

Heterozygosity for either variant is common and not associated with clinical disease. There are no interventions recommended for patients who are heterozygous for these variants individually or who are compound heterozygotes.

Note new nomenclature: c.665C>T was previously C677T and c.1286A>C was previously A1298C.

Supervising Pathologist: KB

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### **Thyroid Function**

Test Name	Result	Units	Reference Interval	
TSH	1.27	mIU/L	0.40 - 4.00	
Free T4	10.9	pmol/L	9.0 - 19.0	
Free T3	4.1	pmol/L	2.6 - 6.0	

### Comments

Euthyroid values.

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Homocysteine

Homocysteine 13.2 umol/L 6.0 - 14.0

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### Active B12

Test Name	Result	Units	Reference Interval	
Active B12	76	pmol/L	>35	

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### Thyroid Autoantibodies

Thyroglobulin Ab	0.9	IU/mL	<4.1
Thyroid Peroxidase Ab	0.6	IU/mI	< 5.6

### Comments

From 06/09/17, Thyroid antibodies will be measured by the Abbott Architect (not Immulite) method and reported with new reference intervals.

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### **Blood Histamine**

Test Name	Result	Units	Reference Interval	
B-Histamine	1.7	umol/L	0.2 - 2.0	

### Comments

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### Random Urine Iodine

R-U-Creatinine 6.7 mmol/L Urine iodine 149 ug/L

### Comments

WHO classification of iodine deficiency: Urine Iodine levels

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

To convert lodine ug/L to lodine nmol/L

 $ug/L \times 7.88 = nmol/L$ 

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### Vitamin B12 and Folate

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Test Name	Result	Units	Reference Interval	
Vitamin B12	277	pmol/L	135 - 650	
Serum Folate	13.8	nmol/L	>7.0	

### Comments

From 8 March 2014, active B12 (holotranscobalamin) testing will be performed on all patients with low or equivocal (at or below 340 pmol/L) total B12 results. Both tests are eligible for a Medicare rebate under these circumstances.

Supervising Pathologist: GC, NT

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### **Antinuclear Antibodies**

ANA Not Detected

### Comments

(Screened at a titre of 80)

Supervising Pathologist: KB

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