

BENSON-SATTOUT, JANICE
38 MCMILLIAN CCT, NORTH KELLYVILLE. 2155
Phone: 6386276
Birthdate: 28/04/1962 Sex: F Medicare Number: 2267101478
Your Reference: 00046800 Lab Reference: 22-20042558-CRP-0
Laboratory: Laverty Pathology
Addressee: DR PRARTHANA PACKIAM Referred by: DR PRARTHANA PACKIAM
Name of Test: C-REACTIVE PROTEIN (CRP-0)
Requested: 16/05/2022 Collected: 20/05/2022 Reported: 20/05/2022
16:28

Clinical notes: preventive care.

Clinical Notes : preventive care.

C-REACTIVE PROTEIN

Specimen Type: Serum
Serum CRP

< 4.0 mg/L (< 6.0)

Requested Tests : VBF*, TFT*, PRL*, GLU, ESR*, CRP, AMH*, 125*, CDG*, MBA*,
LIP*, INS*, IMM*, HOR*, FE*, FBE*, CTD*, COE*, AND*, A1C*

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Your Reference: 00046800 Lab Reference: 22-20042558-GLU-0

Laboratory: Laverty Pathology
Addressee: DR PRARTHANA PACKIAM Referred by: DR PRARTHANA PACKIAM

Name of Test: GLUCOSE (GLU-0)
Requested: 16/05/2022 Collected: 20/05/2022 Reported: 20/05/2022
16:28

Clinical notes: preventive care.

Clinical Notes : preventive care.

	<u>SERUM/PLASMA GLUCOSE</u>	
Fasting status	Fasting	
Serum	4.9 mmol/L	(3.4-5.4)

Normal glucose concentration.

Requested Tests : VBF*, TFT*, PRL*, GLU, ESR*, CRP, AMH*, 125*, CDG*, MBA*,
LIP*, INS*, IMM*, HOR*, FE*, FBE*, CTD*, COE*, AND*, A1C*

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Phone: 6386276
Birthdate: 28/04/1962 Sex: F Medicare Number: 2267101478
Your Reference: 00046800 Lab Reference: 22-20042558-PRL-0
Laboratory: Laverty Pathology
Addressee: DR PRARTHANA PACKIAM Referred by: DR PRARTHANA PACKIAM
Name of Test: SERUM PROLACTIN (PRL-0)
Requested: 16/05/2022 Collected: 20/05/2022 Reported: 20/05/2022
16:33

Clinical notes: preventive care.

Clinical Notes : preventive care.

PROLACTIN

Specimen Type: Serum

Request Number	Date Collected Ref Range	Prolactin mIU/L (40-570)
20042558	20/05/22	139

Requested Tests : VBF, TFT*, PRL, GLU, ESR*, CRP, AMH*, 125*, CDG*, MBA*, LIP,
INS*, IMM*, HOR*, FE*, FBE*, CTD*, COE*, AND*, A1C*

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 Phone: 6386276
 Birthdate: 28/04/1962 Sex: F Medicare Number: 2267101478
 Your Reference: 00046800 Lab Reference: 22-20042558-LIP-0
 Laboratory: Laverty Pathology
 Addressee: DR PRARTHANA PACKIAM Referred by: DR PRARTHANA PACKIAM

Name of Test: LIPID STUDIES (LIP-0)
 Requested: 16/05/2022 Collected: 20/05/2022 Reported: 20/05/2022
 16:33

Clinical notes: preventive care.

Clinical Notes : preventive care.

LIPID STUDIES

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 can be accessed in order to complete a risk assessment for individual patients.)

Haemolysis Nil
 Icterus Nil
 Lipaemia Nil

Fasting status Fasting
 Total Cholesterol 5.1 mmol/L (3.9-5.2)

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*, PRL, GLU, ESR*, CRP, AMH*, 125*, CDG*, MBA*, LIP, INS*, IMM*, HOR*, FE*, FBE*, CTD*, COE*, AND*, A1C*

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 Phone: 6386276
 Birthdate: 28/04/1962 Sex: F Medicare Number: 2267101478
 Your Reference: 00046800 Lab Reference: 22-20042558-VBF-0
 Laboratory: Laverty Pathology
 Addressee: DR PRARTHANA PACKIAM Referred by: DR PRARTHANA PACKIAM
 Name of Test: B12, FOLATE, R.C.FOLATE (VBF-0)
 Requested: 16/05/2022 Collected: 20/05/2022 Reported: 20/05/2022
 16:33

Clinical notes: preventive care.

Clinical Notes : preventive care.

VITAMIN B12 AND FOLATE STUDIES

Vitamin B12	573	pmol/L	(301-740)
Serum Folate	39.8	nmol/L	(> 9.0)

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.)

Requested Tests : VBF, TFT*, PRL, GLU, ESR*, CRP, AMH*, 125*, CDG*, MBA*, LIP, INS*, IMM*, HOR*, FE*, FBE*, CTD*, COE*, AND*, A1C*

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Your Reference: 00046800 Lab Reference: 22-20042558-FE-0

Laboratory: Lavery Pathology
Addressee: DR PRARTHANA PACKIAM Referred by: DR PRARTHANA PACKIAM

Name of Test: IRON STUDIES (FE-0)
Requested: 16/05/2022 Collected: 20/05/2022 Reported: 20/05/2022
16:37

Clinical notes: preventive care.

Clinical Notes : preventive care.

IRON STUDIES

Specimen Type: Serum	12	umol/L	(10-30)
Serum Iron	27	umol/L	(32-48)
Transferrin	23	%	(13-45)
Transferrin Saturation	107	ug/L	(30-400)
Serum Ferritin			

Transferrin may be decreased by inflammation (acute or chronic), or protein deficiency or loss. The ferritin concentration excludes iron deficiency.

Requested Tests : VBF, TFT*, PRL, GLU, ESR*, CRP, AMH*, 125*, CDG*, MBA*, LIP, INS*, IMM*, HOR*, FE, FBE*, CTD*, COE*, AND*, A1C*

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 Birthdate: 28/04/1962 Sex: F Medicare Number: 2267101478
 Your Reference: 00046800 Lab Reference: 22-20042558-IMM-0
 Laboratory: Laverty Pathology
 Addressee: DR PRARTHANA PACKIAM Referred by: DR PRARTHANA PACKIAM
 Name of Test: IMMUNOGLOBULINS (IMM-0)
 Requested: 16/05/2022 Collected: 20/05/2022 Reported: 20/05/2022
 16:39

Clinical notes: preventive care.

Clinical Notes : preventive care.

SERUM IMMUNOGLOBULINS

IgG	8.60	g/L	(6.50-16.00)
IgA	2.52	g/L	(0.40-3.50)
IgM	1.22	g/L	(0.53-3.00)

Requested Tests : VBF, TFT*, PRL, GLU, ESR*, CRP, AMH*, 125*, CDG*, MBA*, LIP,
 INS*, IMM, HOR*, FE, FBE*, CTD*, COE*, AND*, A1C*

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Your Reference: 00046800 Lab Reference: 22-20042558-125-0
Laboratory: Laverty Pathology
Addressee: DR PRARTHANA PACKIAM Referred by: DR PRARTHANA PACKIAM

Name of Test: CANCER ANTIGEN 125 (125-0)
Requested: 16/05/2022 Collected: 20/05/2022 Reported: 20/05/2022
16:47

Clinical notes: preventive care.

Clinical Notes : preventive care.

SERUM CANCER ANTIGEN 125

CA 125 (Siemens)

5 U/mL

(< 35)

Requested Tests : VBF, TFT*, PRL, GLU, ESR*, CRP, AMH*, 125, CDG*, MBA*, LIP,
INS*, IMM, HOR*, FE, FBE*, CTD*, COE*, AND*, A1C*

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Your Reference: 00046800 Lab Reference: 22-20042558-INS-0
Laboratory: Laverty Pathology
Addressee: DR PRARTHANA PACKIAM Referred by: DR PRARTHANA PACKIAM

Name of Test: SERUM INSULIN (INS-0)
Requested: 16/05/2022 Collected: 20/05/2022 Reported: 20/05/2022
17:04

Clinical notes: preventive care.

Clinical Notes : preventive care.

SERUM INSULIN

Fasting status
Haemolysis

Fasting
Nil

Insulin

5 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 ≥ 60 mU/L is likely to indicate insulin resistance.

Requested Tests : VBF, TFT*, PRL, GLU, ESR*, CRP, AMH*, 125, CDG*, MBA*, LIP,
INS, IMM, HOR*, FE, FBE*, CTD*, COE*, AND*, A1C*

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 Phone: 6386276
 Birthdate: 28/04/1962 Sex: F Medicare Number: 2267101478
 Your Reference: 00046800 Lab Reference: 22-20042558-MBA-0
 Laboratory: Laverty Pathology
 Addressee: DR PRARTHANA PACKIAM Referred by: DR PRARTHANA PACKIAM

Name of Test: SERUM CHEMISTRY (MBA-0)
 Requested: 16/05/2022 Collected: 20/05/2022 Reported: 20/05/2022
 18:03

Clinical notes: preventive care.

Clinical Notes : preventive care.

SERUM CHEMISTRY

Specimen Type: Serum

Haemolysis	Nil		
Icterus	Nil		
Lipaemia	Nil		
Sodium	136	mmol/L	(135-145)
Potassium	3.5	mmol/L	(3.6-5.4)
Chloride	96	mmol/L	(95-110)
Bicarbonate	24	mmol/L	(22-32)
Anion Gap	20	mmol/L	(10-20)
Urea	1.9	mmol/L	(2.5-9.0)
Creatinine	45	umol/L	(45-90)
eGFR	> 90		mL/min/1.73m ²
Bilirubin	7	umol/L	(< 15)
AST	24	U/L	(< 35)
ALT	21	U/L	(< 30)
GGT	18	U/L	(< 35)
Alkaline Phosphatase	76	U/L	(30-115)
Protein	68	g/L	(60-82)
Albumin	44	g/L	(36-48)
Globulin	24	g/L	(20-39)

eGFR ≥ 90 mL/min/1.73m² 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*, PRL, GLU, ESR*, CRP, AMH*, 125, CDG*, MBA, LIP, INS, IMM, HOR*, FE, FBE*, CTD*, COE*, AND*, A1C*

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 Your Reference: 00046800 Lab Reference: 22-20042558-HOR-0
 Laboratory: Laverty Pathology
 Addressee: DR PRARTHANA PACKIAM Referred by: DR PRARTHANA PACKIAM

Name of Test: HORMONE PROFILE (HOR-0)
 Requested: 16/05/2022 Collected: 20/05/2022 Reported: 20/05/2022
 18:19

Clinical notes: preventive care.

Clinical Notes : preventive care.

Specimen Type: Serum		SERUM HORMONE PROFILE					
Request Number	Date Collected	FSH IU/L	LH IU/L	PROG nmol/L	E2 (ATEL) pmol/L	E2 (BECK) pmol/L	LH/FSH Ratio
20042558	20 May 22	119	40.1	< 1	< 70		
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*, PRL, GLU, ESR*, CRP, AMH*, 125, CDG*, MBA, LIP, INS, IMM, HOR, FE, FBE*, CTD*, COE*, AND*, A1C*

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Birthdate: 28/04/1962 Sex: F Medicare Number: 2267101478
Your Reference: 00046800 Lab Reference: 22-20042558-FBE-0
Laboratory: Laverty Pathology
Addressee: DR PRARTHANA PACKIAM Referred by: DR PRARTHANA PACKIAM

Name of Test: HAEMATOLOGY (FBE-0)
Requested: 16/05/2022 Collected: 20/05/2022 Reported: 20/05/2022
19:01

Clinical notes: preventive care.

Clinical Notes : preventive care.

				<u>HAEMATOLOGY</u>	
Date Collected		20 May 22			
Time Collected		12:07			
Specimen Type: EDTA					
Hb	133 g/L	(115-165)	WBC	6.1	$\times 10^9$ /L (4.0-11.0)
RCC	4.4 $\times 10^{12}$ /L	(3.9-5.8)	Neut	4.0	$\times 10^9$ /L (2.0-7.5)
Hct	0.40	(0.34-0.47)	Lymp	1.2	$\times 10^9$ /L (1.0-4.0)
MCV	91 fL	(79-99)	Mono	0.7	$\times 10^9$ /L (0.2-1.0)
MCH	31 pg	(27-34)	Eos	0.1	$\times 10^9$ /L (< 0.7)
MCHC	335 g/L	(320-360)	Baso	0.1	$\times 10^9$ /L (< 0.2)
RDW	13.2 %	(10.0-17.0)			
Plat	210 $\times 10^9$ /L	(150-400)			

HAEMATOLOGY: FBC parameters are within reference range.

Requested Tests : VBF, TFT*, PRL, GLU, ESR*, CRP, AMH*, 125, CDG*, MBA, LIP,
INS, IMM, HOR, FE, FBE, CTD*, COE*, AND*, A1C*

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Phone: 6386276

Birthdate: 28/04/1962

Sex: F

Medicare Number:

2267101478

Your Reference: 00046800

Lab Reference:

22-20042558-AND-0

Laboratory: Lavery Pathology
Addressee: DR PRARTHANA PACKIAM

Referred by: DR PRARTHANA PACKIAM

Name of Test: ANDROGENS (AND-0)

Requested: 16/05/2022

Collected: 20/05/2022

Reported: 20/05/2022

Clinical notes: preventive care.

Clinical Notes : preventive care.

	SERUM ANDROGENS		
Total Testosterone (Siemens)	1.1	nmol/L	(0.4-1.4)
Sex Hormone Binding Globulin	> 180	nmol/L	(20-118)
DHEAS	3.5	umol/L	(0.7-5.3)
Calculated Free Testosterone	5.4	pmol/L	(2.1-23.0)

SHBG result is elevated. Common causes are oestrogen/OCP therapy.

Requested Tests : VBF, TFT*, PRL, GLU, ESR*, CRP, AMH*, 125, CDG*, MBA, LIP,
INS, IMM, HOR, FE, FBE, CTD*, COE*, AND, A1C*

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Phone: 6386276

Birthdate: 28/04/1962

Sex: F

Medicare Number: 2267101478

Your Reference: 00046800

Lab Reference: 22-20042558-ESR-0

Laboratory: Laverty Pathology

Addressee: DR PRARTHANA PACKIAM

Referred by: DR PRARTHANA PACKIAM

Name of Test: E.S.R (ESR-0)

Requested: 16/05/2022

Collected: 20/05/2022

Reported: 20/05/2022

20:18

Clinical notes: preventive care.

Clinical Notes : preventive care.

Request Number
Date Collected
Time Collected
Specimen Type: EDTA
ESR (< 30) mm/hr

HAEMATOLOGY
20042558
20 May 22
12:07

2

Requested Tests : VBF, TFT*, PRL, GLU, ESR, CRP, AMH*, 125, CDG*, MBA, LIP,
INS, IMM, HOR, FE, FBE, CTD*, COE*, AND, A1C*

BENSON-SATTOUT, JANICE
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Birthdate: 28/04/1962 Sex: F Medicare Number: 2267101478
Your Reference: 00046800 Lab Reference: 22-20042558-A1C-0
Laboratory: Laverty Pathology
Addressee: DR PRARTHANA PACKIAM Referred by: DR PRARTHANA PACKIAM

Name of Test: GLYCATED HAEMOGLOBIN (A1C-0)
Requested: 16/05/2022 Collected: 20/05/2022 Reported: 20/05/2022
22:01

Clinical notes: preventive care.

Clinical Notes : preventive care.

Specimen Type: EDTA	<u>GLYCATED HAEMOGLOBIN (HbA1c)</u>		
HbA1c- NGSP	5.3	%	(4.0-6.0)
HbA1c- IFCC	34	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*, PRL, GLU, ESR, CRP, AMH, 125, CDG*, MBA, LIP, INS, IMM, HOR, FE, FBE, CTD*, COE*, AND, A1C

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Your Reference: 00046800 Lab Reference: 22-20042558-COE-0
Laboratory: Laverty Pathology
Addressee: DR PRARTHANA PACKIAM Referred by: DR PRARTHANA PACKIAM

Name of Test: COELIAC MASTER PANEL (COE-0)
Requested: 16/05/2022 Collected: 20/05/2022 Reported: 22/05/2022
10:06

Clinical notes: preventive care.

Clinical Notes : preventive care.

COELIAC DISEASE SEROLOGY

Deamidated gliadin peptide IgG	< 1 U/mL	(< 15)
Total IgA	2.52 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, PRL, GLU, ESR, CRP, AMH, 125, CDG*, MBA, LIP, INS,
IMM, HOR, FE, FBE, CTD*, COE, AND, A1C

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 Birthdate: 28/04/1962 Sex: F Medicare Number: 2267101478
 Your Reference: 00046800 Lab Reference: 22-20042558-TFT-0
 Laboratory: Lavery Pathology
 Addressee: DR PRARTHANA PACKIAM Referred by: DR PRARTHANA PACKIAM
 Name of Test: THYROID FUNCTION TEST (TFT-0)
 Requested: 16/05/2022 Collected: 20/05/2022 Reported: 20/05/2022
 22:26

Clinical notes: preventive care.

Clinical Notes : preventive care.

Specimen Type: Serum

THYROID PROFILE

TSH

0.08 mIU/L (0.5-4.0)

FT4

22 pmol/L (10-20)

FT3

4.9 pmol/L (3.5-6.0)

Note low TSH. Possible causes include goitre or functioning nodule, drug effect (e.g. thyroxine, amiodarone, glucocorticoids), pituitary dysfunction and acute or chronic disease. Suggest follow-up TFTs as clinically appropriate.

Requested Tests : VBF, TFT, PRL, GLU, ESR, CRP, AMH, 125, CDG*, MBA, LIP, INS, IMM, HOR, FE, FBE, CTD*, COE*, AND, A1C

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Your Reference: 00046800 Lab Reference: 22-20042558-AMH-0
Laboratory: Laverty Pathology
Addressee: DR PRARTHANA PACKIAM Referred by: DR PRARTHANA PACKIAM

Name of Test: ANTI MULLERIAN HORMONE (AMH-0)
Requested: 16/05/2022 Collected: 20/05/2022 Reported: 20/05/2022
21:34

Clinical notes: preventive care.

Clinical Notes : preventive care.

ANTI-MULLERIAN HORMONE (AMH)

Request Number

Date Collected

Time Collected

Specimen Type: Serum

AMH

pmol/L

20042558
20 May 22
12:07

< 0.1

PLEASE NOTE: concurrent or recent OCP use can decrease AMH levels significantly, and this may take some time to resolve. A repeat AMH level 6-12 months after ceasing the OCP may be helpful.

Reference Interval:

<14 pmol/L: Decreased AMH level. Suggests possible abnormal ovarian reserve. Hormonal contraception and pregnancy may also cause temporary decrease in AMH levels and should be excluded.

14 - 30 pmol/L: Suggests normal ovarian reserve.

>30 pmol/L: Elevated AMH level. Indicates possibility of:
- PCOS
- Higher risk of OHSS in a stimulated cycle.

AMH levels should be interpreted with caution in young adult female patients (<25 years).

Requested Tests : VBF, TFT*, PRL, GLU, ESR, CRP, AMH, 125, CDG*, MBA, LIP, INS, IMM, HOR, FE, FBE, CTD*, COE*, AND, A1C*

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Your Reference: 00046800 Lab Reference: 22-20042558-CTD-0
Laboratory: Laverty Pathology
Addressee: DR PRARTHANA PACKIAM Referred by: DR PRARTHANA PACKIAM

Name of Test: AUTOIMMUNE (CTD-0)
Requested: 16/05/2022 Collected: 20/05/2022 Reported: 23/05/2022
12:17

Clinical notes: preventive care.

Clinical Notes : preventive care.

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, PRL, GLU, ESR, CRP, AMH, 125, CDG*, MBA, LIP, INS, IMM, HOR, FE, FBE, CTD, COE, AND, ALC

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Your Reference: 00046800 Lab Reference: 22-20042558-CDG-0
Laboratory: Laverty Pathology
Addressee: DR PRARTHANA PACKIAM Referred by: DR PRARTHANA PACKIAM
Name of Test: COELIAC DISEASE GENOTYPE (CDG-0)
Requested: 16/05/2022 Collected: 20/05/2022 Reported: 31/05/2022
10:29

Clinical notes: preventive care.

Clinical Notes : preventive care.

COELIAC DISEASE GENOTYPING RESULTS

SPECIMEN:
Blood

HLA-DQ2.5 alleles
HLA-DQA1*05:01 = Heterozygous (NG_032876.1:g.5702C>T)
HLA-DQB1*02:01 = Heterozygous

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 inherited one of the following HLA DQ risk types:
HLA DQ2.5 heterozygote. Individuals with DQ2.5 and a single copy of
DQB1*02 have a high CD predisposition risk.

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.

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

