

LAUREN **NEWMAN**

Lab ID 266924821

DOB 18/08/1980 (37 Y FEMALE)

Referrer Dr Edward Hettiaratchi

Address KINGSFORD FAM MED CTR 502-508 ANZAC PARADE

KINGSFORD NSW 2032

Phone 0293136722

Your ref. 00031195

Address 3/10 EVANS AVE

EASTLAKES NSW 2018

Phone 0414273375

Copy to Ms Alexandra Middleton (0410503376)

Requested 21/12/2017

Collected 21/12/2017 11:59 AEDT Received 21/12/2017 11:59 AEDT

Thyroid Function

Test Name	Result	Units	Reference Interval	
TSH	0.90	mIU/L	0.40 - 3.50	

Comments

TSH is within reference limits.

Please note that if 'Thyroid function tests' or 'TFTs' are requested as a simple screening test, a TSH level is always done first. If this is increased a T4 level will be done automatically. If this is decreased a T4 and T3 will be performed automatically.

Supervising Pathologist: GC, NT

NATA ACCREDITATION NO 2178

Random Urine Iodine

 $\begin{array}{cccc} \text{R-U-Creatinine} & & 1.1 & & \text{mmol/L} \\ \text{Urine iodine} & & 13 & & \text{ug/L} \\ \end{array}$

Comments

The urine creatinine is <2.7 mmol/L indicating a dilute sample. Suggest recollecting sample with a more concentrated urine. 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

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

NHMRC recommends supplementation of 150ug/day of lodine 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. Reported by Sullivan and Nicolaides Pathology, a member of the Sonic Healthcare Group.

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Reverse Triiodothyronine

Reverse T3 385 pmol/L 140 - 540

Comments

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