DOUGLASS HANLY MOIR PATHOLOGY
Quality is in our DNA

VERA ZADNIPROVSKA

Lab ID **862444248** DOB **07/08/1987 (33 Yrs FEMALE)**

Referrer	**Ms Lisa Mcdonald**	Your ref.	**862444248**
Address	INDIGO SAGE HEALTH PO BOX 51 GLADESVILLE NSW 2111	Address	125 AWABA STREET MOSMAN NSW 2088
Phone	0422009192	Phone	0478019971

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Requested 25/06/2021
Collected 25/06/2021 09:59 AEDT
Received 25/06/2021 10:04 AEDT

Random Urine Iodine

R-U-Creatinine	13.6	mmol/L	
Urine iodine	**41 L**	ug/L	>100

Comments

WHO classification of iodine deficiency: Urine Iodine levels

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

To convert Iodine ug/L to Iodine nmol/L

ug/L x 7.88 = nmol/L

NHMRC 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.

Reported by Sullivan and Nicolaides Pathology, a member of the Sonic Healthcare Group.

NATA ACCREDITATION NO 2178

Expression of CD57 on NK cells

CD57+ NK Cells	1.0	%
CD57+ NK Cells	0.01	X10^9/L

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Anti-Mitochondrial Antibody

AMA Ab	Not Detected

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Notification of Cancelled Test/s:

Please be advised patient has decided not to proceed with the following test(s): TSH, T3, T4, ANA, GLUC, VIT B12, HOMOCYSTEINE, WHOLE BLOOD HISTAMINE, HLA DQ/DR, RT3, OXALATE URINE, OSMOLALITY URINE +SERUM, VIP, LEPTON, THYROID AB, ENA, IGE, ASPERGILLIOSIS AB, ASOT, DNASE, IGG, IGGA, IGM.
If you have any enquiries or require any further information please contact the Troubleshooting Department at the Macquarie Park Laboratory Ph:(02) 98 555 586.

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Copeptin

Copeptin:	2.8	pmol/L

Copeptin Reference Intervals
Non-water deprived, non-fasting adults: < 16.3 pmol/L
Non-water deprived, fasting (> 8 hrs) adults: < 15.2 pmol/L
Non-water deprived, non-fasting paediatric subjects: < 14.5 pmol/L

In the investigation of diabetes insipidus (DI) and primary polydipsia (PP) in patients with
confirmed polyuria (> 40 mL/kg/d)*:

· A baseline copeptin level > 21.4 pmol/L is 100 % sensitive and specific for nephrogenic diabetes
insipidus
· A baseline copeptin level < 2.6 pmol/L with prior fluid deprivation (> 8 hrs) will indicate
complete central DI likely
· A stimulated copeptin** > 4.9 pmol/L PP likely and < 4.9 pmol/L partial central DI likely (94.0%
specificity and 94.4% sensitivity).

Note: * Without concurrent diabetes mellitus, hypercalcemia, pregnancy, uncorrected thyroid or
adrenal insufficiency, and heart failure;
** At sodium levels > 147 mmol/L following water deprivation

References
1. The Reference Interval for Non water Deprived and Non Fasting Adults was determined from an
in-house RPAH Endocrinology Laboratory Study.
2. Keller T, Tzikas S, Zeller T, et al: Copeptin improves early diagnosis of acute myocardial
infarction. J A, Col Cardiol 2010 , 1;55(19): 2096-2106.
3. Reference Interval for fasting and water deprived adults (> 8hours) was adopted from the Mayo
Clinic in house study, www. Mayocliniclabs.com.
4. Du JM, Sang G, Jiang CM, et al, Relationship between plasma copeptin levels and complications of
community acquired pneumonia in preschool children. Peptides 2013 Jul, 45: 61-65.
5. Fenske W, Quinkler M, Lorenz D, et al. Copeptin in the differential diagnosis of the
polydipsia-polyuria syndrome-revisiting the direct and indirect water deprivation tests. J Clin
Endocrinol Metab. 2011;96(5):1506-1515.

Please Note: Testing performed at Royal Prince Alfred Hospital

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