

WILTON, BRONWYN
21 JENSEN ST, GUNNEDAH. 2380
Phone: 0427664672
Birthdate: 22/11/1979 Sex: F Medicare Number: 2503200797
Your Reference: 00076122 Lab Reference: 23-22016394-SYP-0
Laboratory: Laverty Pathology
Addressee: DR MARIVI ALLAGA Referred by: DR MARIVI ALLAGA

Name of Test: TREPONEMAL SEROLOGY (SYP-0)
Requested: 17/03/2023 Collected: 20/03/2023 Reported: 21/03/2023
14:28

Clinical notes: Screening.

Clinical Notes : Screening.

Syphilis (CMIA) SYPHILIS SEROLOGY
Negative

Antibodies to Treponema pallidum NOT detected by chemiluminescent immunoassay (CMIA). This result suggests either no exposure to T. pallidum or very early primary syphilis infection prior to the development of antibodies. If early infection is suspected, please repeat in 14 days.

All testing performed on serum or plasma unless otherwise specified.

Requested Tests : VBF, TFT, SYP, GLU, ESR, CRP, MBA, LIP, HIR*, HEP, FE, FBE

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21 JENSEN ST, GUNNEDAH. 2380
Phone: 0427664672
Birthdate: 22/11/1979 Sex: F Medicare Number: 2503200797
Your Reference: 00076123 Lab Reference: 23-22016151-CHM-0
Laboratory: Lavery Pathology
Addressee: DR MARIVI ALLAGA Referred by: DR MARIVI ALLAGA

Name of Test: CHLAMYDIA + GONORR. NAT (CHM-0)
Requested: 17/03/2023 Collected: 22/03/2023 Reported: 23/03/2023
21:37

NUCLEIC ACID TESTING (NAT)

Specimen / site	URINE
Chlamydia trachomatis	DETECTED
Neisseria gonorrhoeae	Not detected

This specimen has been tested using the Roche cobas CT/NG 6800 assay.

Please note: The optimal samples for this assay are first void urine samples, endocervical or urethral swabs.

Azithromycin or doxycycline are recommended for treatment of uncomplicated genital Chlamydia infection. Investigation and treatment of partner(s) should be initiated.

This condition requires a notification to the Public Health Unit by laboratories. A copy of this report has been sent to the Public Health Unit in accord with the Public Health Act 2010 and the Public Health Regulation 2012.

Further information about this condition, and any action required for public health (eg contact tracing), is available on the NSW Health website www.health.nsw.gov.au/infectious or from your local Public Health Unit on 1300 066 055.

Requested Tests : CHM

Name of Test: THYROID FUNCTION TEST (TFT-0)
Requested: 17/03/2023 Collected: 20/03/2023 Reported: 21/03/2023
12:28

Clinical notes: Screening.

Clinical Notes : Screening.

	<u>THYROID PROFILE</u>			
Request Number	23886299	18029278	22016394	
Date Collected	7 Jul 20	24 Feb 22	20 Mar 23	
Time Collected	07:52	08:57	08:04	
Specimen Type: Serum				
TSH (0.5-4.0) mIU/L	2.9	2.5	2.5	

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, SYP*, GLU, ESR, CRP, MBA*, LIP, HIR*, HEP*, FE, FBE

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Phone: 0427664672
Birthdate: 22/11/1979 Sex: F Medicare Number: 2503200797
Your Reference: 00076122 Lab Reference: 23-22016394-VBF-0
Laboratory: Laverty Pathology
Addressee: DR MARIVI ALLAGA Referred by: DR MARIVI ALLAGA

Name of Test: B12, FOLATE, R.C.FOLATE (VBF-0)
Requested: 17/03/2023 Collected: 20/03/2023 Reported: 21/03/2023
12:28

Clinical notes: Screening.

Clinical Notes : Screening.

VITAMIN B12 AND FOLATE STUDIES

Vitamin B12	438	pmol/L	(301-740)
Serum Folate	> 54.0	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.

Red cell folates (RCF) are no longer processed routinely. If you have requested a RCF, and require a result for appropriate clinical reasons, this will need to be discussed and agreed with a Consultant Haematologist on +61290027085 or Dr. Lucinda Wallman, Consultant Pathologist in Immunology and Medical Director on telephone number +61 290057179

Requested Tests : VBF, TFT, SYP*, GLU, ESR, CRP, MBA*, LIP, HIR*, HEP*, FE, FBE

WILTON, BRONWYN
21 JENSEN ST, GUNNEDAH. 2380
Phone: 0427664672
Birthdate: 22/11/1979 Sex: F Medicare Number: 2503200797
Your Reference: 00076122 Lab Reference: 23-22016394-HEP-0
Laboratory: Laverty Pathology
Addressee: DR MARIVI ALLAGA Referred by: DR MARIVI ALLAGA

Name of Test: HEPATITIS SEROLOGY (HEP-0)
Requested: 17/03/2023 Collected: 20/03/2023 Reported: 21/03/2023
13:25

Clinical notes: Screening.

Clinical Notes : Screening.

<u>HEPATITIS SEROLOGY</u>	
Hepatitis B Surface Antigen	Not Detected
Hepatitis B Core Antibody	Not Detected
Hepatitis B Surface Antibody	65 mIU/mL

No evidence of current or past Hepatitis B virus infection.
Immune to Hepatitis B virus. NHMRC guidelines no longer recommend
routine booster doses of hepatitis vaccine. Booster doses are
recommended for immunosuppressed individuals such as those with HIV
infection, or renal failure.

All testing performed on serum or plasma unless otherwise specified.

Requested Tests : VBF, TFT, SYP*, GLU, ESR, CRP, MBA*, LIP, HIR*, HEP, FE, FBE

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 Phone: 0427664672
 Birthdate: 22/11/1979 Sex: F Medicare Number: 2503200797
 Your Reference: 00076122 Lab Reference: 23-22016394-MBA-0
 Laboratory: Laverty Pathology
 Addressee: DR MARIVI ALLAGA Referred by: DR MARIVI ALLAGA

Name of Test: SERUM CHEMISTRY (MBA-0)
 Requested: 17/03/2023 Collected: 20/03/2023 Reported: 21/03/2023
 14:01

Clinical notes: Screening.

Clinical Notes : Screening.

SERUM CHEMISTRY

Request Number 23886299 22016394
 Date Collected 7 Jul 20 20 Mar 23
 Time Collected 07:52 08:04
 Specimen Type: Serum

Haemolysis	Nil	Nil
Icterus	Nil	Nil
Lipaemia	Nil	Nil

Na	(135-145)	mmol/L	138	140
K	(3.6-5.4)	mmol/L	4.6	4.0
Cl	(95-110)	mmol/L	104	102
HCO3	(22-32)	mmol/L	25	23
An Gap	(10-20)	mmol/L	14	19
Urea	(2.5-8.0)	mmol/L	5.7	2.4
Creat	(45-90)	umol/L	75	65
eGFR	mL/min/1.73m ²		88	> 90
Urate	(0.14-0.36)	mmol/L	0.38	0.32
Bili	(< 15)	umol/L	8	11
AST	(< 30)	U/L	17	20
ALT	(< 30)	U/L	25	21
GGT	(< 35)	U/L	23	16
Alk Phos	(20-105)	U/L	57	54
Protein	(60-82)	g/L	67	68
Albumin	(38-50)	g/L	44	44
Glob	(20-39)	g/L	23	24
Ca	(2.10-2.60)	mmol/L	2.38	2.30
Corr Ca	(2.10-2.60)	mmol/L	2.36	2.28
PO4	(0.75-1.50)	mmol/L	1.46	1.37

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, SYP*, GLU, ESR, CRP, MBA, LIP, HIR*, HEP, FE, FBE