

BAKER, RYLEE DOMINIQUE
32 FAIRVIEW ST, GUNNEDAH. 2380
Phone: 0428061480
Birthdate: 10/10/2001 Sex: F Medicare Number: 2424587027
Your Reference: 00055895 Lab Reference: 22-18184991-A1C-0
Laboratory: Lavery Pathology
Addressee: DR STEPHANIE MILES Referred by: DR STEPHANIE MILES

Name of Test: GLYCATED HAEMOGLOBIN (A1C-0)
Requested: 03/02/2022 Collected: 09/02/2022 Reported: 10/02/2022
00:08

Specimen Type: EDTA GLYCATED HAEMOGLOBIN (HbA1c)
HbA1c- NGSP 4.9 % (4.0-6.0)
HbA1c- IFCC 30 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, GLU, MBA, LIP, FE, FBE, A1C

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 Birthdate: 10/10/2001 Sex: F Medicare Number: 2424587027
 Your Reference: 00055895 Lab Reference: 22-18184991-LIP-0
 Laboratory: Laverty Pathology
 Addressee: DR STEPHANIE MILES Referred by: DR STEPHANIE MILES

Name of Test: LIPID STUDIES (LIP-0)
 Requested: 03/02/2022 Collected: 09/02/2022 Reported: 09/02/2022
 23:32

Request Number 15572457 18184991
 Date Collected 5 Oct 21 9 Feb 22
 Time Collected 10:52 08:32
 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	Nil
Icterus	Nil	Nil
Lipaemia	Nil	Nil

Fasting status		Fasting	Fasting	
Chol	(3.0-5.2) mmol/L	6.2	5.2	4.66 - 7
Trig	(0.5-1.7) mmol/L	0.9	1.0	0.79 - 1.24
HDL	(1.0-2.0) mmol/L	2.0	1.6	1.42 - 5
LDL	(1.5-3.4) mmol/L	3.8	3.1	0.5 - 3.3
Non-HDL	(< 3.4) mmol/L	4.2	3.6	
Chol/HDL	(< 4.5)	3.1	3.2	

NVDP 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

LDL-C exceeds target for higher risk patients and may be excessive in some individuals.

Requested Tests : VBF*, TFT, GLU, MBA, LIP, FE, FBE, A1C*

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 Phone: 0428061480
 Birthdate: 10/10/2001 Sex: F Medicare Number: 2424587027
 Your Reference: 00055895 Lab Reference: 22-18184991-MBA-0
 Laboratory: Laverty Pathology
 Addressee: DR STEPHANIE MILES Referred by: DR STEPHANIE MILES

Name of Test: SERUM CHEMISTRY (MBA-0)
 Requested: 03/02/2022 Collected: 09/02/2022 Reported: 09/02/2022
 23:32

SERUM CHEMISTRY

Request Number 15572457 18184991
 Date Collected 5 Oct 21 9 Feb 22
 Time Collected 10:52 08:32
 Specimen Type: Serum

Haemolysis		Nil	Nil
Icterus		Nil	Nil
Lipaemia		Nil	Nil
Na	(135-145)	mmol/L	137
K	(3.6-5.4)	mmol/L	4.3
Cl	(95-110)	mmol/L	101
HCO3	(22-32)	mmol/L	24
An Gap	(10-20)	mmol/L	16
Urea	(2.5-6.7)	mmol/L	4.7
Creat	(45-90)	umol/L	75
eGFR	mL/min/1.73m ²		> 90
Bili	(< 15)	umol/L	8
AST	(< 30)	U/L	29
ALT	(< 30)	U/L	24
GGT	(< 30)	U/L	13
Alk Phos	(20-105)	U/L	46
Protein	(60-82)	g/L	78
Albumin	(38-50)	g/L	41
Glob	(20-39)	g/L	37

eGFR values between 60 and 89 mL/min/1.73m² should be interpreted with caution. These results are only consistent with CKD in the presence of other evidence such as microalbuminuria, proteinuria or haematuria.
 Ref: Lamb EJ et al in Ann Clin Biochem 2005; 42:321-345.

Requested Tests : VBF*, TFT, GLU, MBA, LIP, FE, FBE, A1C*

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Phone: 0428061480
Birthdate: 10/10/2001 Sex: F Medicare Number: 2424587027
Your Reference: 00055895 Lab Reference: 22-18184991-TFT-0
Laboratory: Lavery Pathology
Addressee: DR STEPHANIE MILES Referred by: DR STEPHANIE MILES

Name of Test: THYROID FUNCTION TEST (TFT-0)
Requested: 03/02/2022 Collected: 09/02/2022 Reported: 09/02/2022
23:27

		THYROID PROFILE	
Request Number		15572457	18184991
Date Collected		5 Oct 21	9 Feb 22
Time Collected		10:52	08:32
Specimen Type:	Serum		
TSH	(0.5-4.0) mIU/L	0.88	2.3

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, GLU*, MBA*, LIP*, FE*, FBE, A1C*

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 Phone: 0428061480
 Birthdate: 10/10/2001 Sex: F Medicare Number: 2424587027
 Your Reference: 00055895 Lab Reference: 22-18184991-FBE-0
 Laboratory: Lavery Pathology
 Addressee: DR STEPHANIE MILES Referred by: DR STEPHANIE MILES

Name of Test: HAEMATOLOGY (FBE-0)
 Requested: 03/02/2022 Collected: 09/02/2022 Reported: 09/02/2022
 22:24

		HAEMATOLOGY	
Request Number		15572457	18184991
Date Collected		5 Oct 21	9 Feb 22
Time Collected		10:52	08:32
Specimen Type:	EDTA		
Hb (115-165)	g/L	134	127
Hct (0.34-0.47)		0.39	0.39
RCC (3.9-5.8)	$\times 10^{12}$ /L	4.4	4.4
MCV (79-99)	fL	89	87
MCH (27-34)	pg	30	29
MCHC (320-360)	g/L	342	329
RDW (10.0-17.0)	%	12.3	12.8
WBC (4.0-11.0)	$\times 10^9$ /L	13.7	5.2
Neut (2.0-7.5)	$\times 10^9$ /L	10.8	2.1
Lymph (1.0-4.0)	$\times 10^9$ /L	2.3	2.4
Mono (0.2-1.0)	$\times 10^9$ /L	0.6	0.4
Eos (< 0.7)	$\times 10^9$ /L	0.0	0.2
Baso (< 0.2)	$\times 10^9$ /L	0.0	0.1
Plat (150-400)	$\times 10^9$ /L	333	272

HAEMATOLOGY: FBC parameters are within reference range.

Requested Tests : VBF*, TFT*, GLU*, MBA*, LIP*, FE*, FBE, A1C*

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Birthdate: 10/10/2001 Sex: F Medicare Number: 2424587027
Your Reference: 00055895 Lab Reference: 22-18184991-FE-0
Laboratory: Laverty Pathology
Addressee: DR STEPHANIE MILES Referred by: DR STEPHANIE MILES

Name of Test: IRON STUDIES (FE-0)
Requested: 03/02/2022 Collected: 09/02/2022 Reported: 09/02/2022
23:32

IRON STUDIES

Request Number	15572457	18184991
Date Collected	5 Oct 21	9 Feb 22
Time Collected	10:52	08:32
Specimen Type: Serum		
Iron (10-30) umol/L	15	21
T'ferrin(32-48) umol/L	37	37
T. Sat. (13-45) %	21	29
Ferritin(30-165) ug/L	51	33

Normal iron studies.

Requested Tests : VBF*, TFT, GLU, MBA, LIP, FE, FBE, AIC*

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Birthdate: 10/10/2001 Sex: F Medicare Number: 2424587027
Your Reference: 00055895 Lab Reference: 22-18184991-GLU-0
Laboratory: Laverty Pathology
Addressee: DR STEPHANIE MILES Referred by: DR STEPHANIE MILES
Name of Test: GLUCOSE (GLU-0)
Requested: 03/02/2022 Collected: 09/02/2022 Reported: 09/02/2022
23:32

SERUM/PLASMA GLUCOSE

Request Number	15572457	18184991
Date Collected	5 Oct 21	9 Feb 22
Time Collected	10:52	08:32
Fasting status	Fasting	Fasting
Serum (3.4-5.4) mmol/L	4.6	4.7

Normal glucose concentration.

Requested Tests : VBF*, TFT, GLU, MBA, LIP, FE, FBE, A1C*

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 Birthdate: 10/10/2001 Sex: F Medicare Number: 2424587027
 Your Reference: 00055895 Lab Reference: 22-18184991-VBF-0
 Laboratory: Laverty Pathology
 Addressee: DR STEPHANIE MILES Referred by: DR STEPHANIE MILES

Name of Test: B12, FOLATE, R.C.FOLATE (VBF-0)
 Requested: 03/02/2022 Collected: 09/02/2022 Reported: 10/02/2022
 00:16

VITAMIN B12 AND FOLATE STUDIES

Request Number 15572457 18184991
 Date Collected 5 Oct 21 9 Feb 22
 Time Collected 10:52 08:32

B12 (301-740)pmol/L 289 426
 Active B12 (> 40) pmol/L 101
 Serum Folate (> 9.0)nmol/L 27.1

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, GLU, MBA, LIP, FE, FBE, A1C