GUSELI, VANESSA
12 SPRING ST, MITTAGONG. 2575
Phone: 0414878843
Birthdate: 14/09/1980 **Sex:** F **Medicare Number:** 3407308255
Your Reference: 00035322 **Lab Reference:** 22-20031016-MBA-0
Laboratory: Laverty Pathology
Addressee: DR SAM REWAIS **Referred by:** DR SAM REWAIS
Copy to:
DR MEHDI VAN DEN BOS

Name of Test: SERUM CHEMISTRY (MBA-0)
Requested: 29/11/2022 **Collected:** 29/11/2022 **Reported:** 29/11/2022 14:05

Clinical notes: ? Abnormal thyroid.

Clinical Notes : ? Abnormal thyroid.

SERUM CHEMISTRY

Request Number			23991686	14343367	20031016
Date Collected			14 Oct 20	5 Nov 21	29 Nov 22
Time Collected			08:55	00:00	00:00
Specimen Type: Serum					
Haemolysis			Nil	Nil	Nil
Icterus			Nil	Nil	Nil
Lipaemia			Nil	Nil	Nil
Na	(135-145)	mmol/L	137	**134**	139
K	(3.6-5.4)	mmol/L	4.6	4.4	4.6
Cl	(95-110)	mmol/L	105	99	106
HCO3	(22-32)	mmol/L	22	23	24
An Gap	(10-20)	mmol/L	15	16	14
Urea	(2.5-8.0)	mmol/L	4.3	3.8	3.8
Creat	(45-90)	umol/L	70	65	70
eGFR	mL/min/1.73m^2		> 90	> 90	> 90
Urate	(0.14-0.36)	mmol/L	0.24	0.24	0.24
Bili	(< 15)	umol/L	11	8	9
AST	(< 30)	U/L	**33**	**30**	**31**
ALT	(< 30)	U/L	23	22	20
GGT	(< 35)	U/L	16	12	15
Alk Phos	(20-105)	U/L	44	53	45
Protein	(60-82)	g/L	63	64	60
Albumin	(38-50)	g/L	41	41	38
Glob	(20-39)	g/L	22	23	22
Ca	(2.10-2.60)	mmol/L	2.25	2.31	2.29
Corr Ca	(2.10-2.60)	mmol/L	2.29	2.35	2.39
PO4	(0.75-1.50)	mmol/L	1.22	1.05	1.03
Mg	(0.70-1.10)	mmol/L			0.81

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*, STE*, SCP*, GLU*, ESR*, RDA*, MBA, LLA*, LIP, FE*, FBE*, DVI*, CTD*, COA*, A1C*

GUSELI, VANESSA
12 SPRING ST, MITTAGONG. 2575
Phone: 0414878843
Birthdate: 14/09/1980 **Sex:** F **Medicare Number:** 3407308255
Your Reference: 00035322 **Lab Reference:** 22-20031016-LIP-0

Laboratory: Laverty Pathology
Addressee: DR SAM REWAIS **Referred by:** DR SAM REWAIS
Copy to:
DR MEHDI VAN DEN BOS

Name of Test: LIPID STUDIES (LIP-0)
Requested: 29/11/2022 **Collected:** 29/11/2022 **Reported:** 29/11/2022 14:05

Clinical notes: ? Abnormal thyroid.

Clinical Notes : ? Abnormal thyroid.

LIPID STUDIES

Request Number		23991686	14343367 20031016
Date Collected		14 Oct 20	5 Nov 21 29 Nov 22
Time Collected		08:55	00:00 00:00
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	Nil
Icterus			Nil	Nil	Nil
Lipaemia			Nil	Nil	Nil
Fasting status			Fasting	Fasting	Fasting
Chol	(3.9-5.2)	mmol/L	**5.5**	4.9	**5.7**
Trig	(0.5-1.7)	mmol/L	**0.4**	1.1	0.5
HDL	(1.0-2.0)	mmol/L	**2.1**	2.0	2.0
LDL	(1.5-3.4)	mmol/L	3.2	2.4	**3.5**
Non-HDL	(< 3.4)	mmol/L	**3.4**	2.9	**3.7**
Chol/HDL	(< 4.5)		2.6	2.5	2.9

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

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

Requested Tests : VBF*, TFT*, STE*, SCP*, GLU*, ESR*, RDA*, MBA, LLA*, LIP, FE*, FBE*, DVI*, CTD*, COA*, A1C*

GUSELI, VANESSA
12 SPRING ST, MITTAGONG. 2575
Phone: 0414878843
Birthdate: 14/09/1980 **Sex:** F **Medicare Number:** 3407308255
Your Reference: 00035322 **Lab Reference:** 22-20031016-GLU-0

Laboratory: Laverty Pathology
Addressee: DR SAM REWAIS **Referred by:** DR SAM REWAIS
Copy to:
DR MEHDI VAN DEN BOS

Name of Test: GLUCOSE (GLU-0)
Requested: 29/11/2022 **Collected:** 29/11/2022 **Reported:** 29/11/2022 14:15

Clinical notes: ? Abnormal thyroid.

Clinical Notes : ? Abnormal thyroid.

SERUM/PLASMA GLUCOSE

Request Number			23991686	14343367	20031016
Date Collected			14 Oct 20	5 Nov 21	29 Nov 22
Time Collected			08:55	00:00	00:00
Fasting status			Fasting	Fasting	Fasting
Serum	(3.4-5.4)	mmol/L	3.8	4.3	4.6

Normal glucose concentration.

Additional comment: The sample for glucose analysis was not collected into a fluoride/oxalate tube. As it was not collected at a Laverty collection centre, delay in centrifugation can falsely decrease glucose results. Re-collection may therefore be considered.

Requested Tests : VBF*, TFT*, STE*, SCP*, GLU, ESR*, RDA*, MBA, LLA*, LIP, FE*, FBE*, DVI*, CTD*, COA*, A1C*

GUSELI, VANESSA
12 SPRING ST, MITTAGONG. 2575
Phone: 0414878843
Birthdate: 14/09/1980 **Sex:** F **Medicare Number:** 3407308255
Your Reference: 00035322 **Lab Reference:** 22-20031016-FBE-0
Laboratory: Laverty Pathology
Addressee: DR SAM REWAIS **Referred by:** DR SAM REWAIS
Copy to:
DR MEHDI VAN DEN BOS

Name of Test: HAEMATOLOGY (FBE-0)
Requested: 29/11/2022 **Collected:** 29/11/2022 **Reported:** 29/11/2022 14:16

Clinical notes: ? Abnormal thyroid.

Clinical Notes : ? Abnormal thyroid.

HAEMATOLOGY

Request Number				23991686	14343367	20031016
Date Collected				14 Oct 20	5 Nov 21	29 Nov 22
Time Collected				08:55	00:00	00:00
Specimen Type: EDTA						
Hb	(115-165)	g/L		138	129	130
Hct	(0.34-0.47)			0.41	0.38	0.38
RCC	(3.9-5.8)	x10^12	/L	4.6	4.2	4.2
MCV	(79-99)	fL		90	90	91
MCH	(27-34)	pg		30	31	31
MCHC	(320-360)	g/L		335	344	342
RDW	(10.0-17.0)	%		12.3	11.8	11.7
WBC	(4.0-11.0)	x10^9	/L	4.7	6.3	4.5

Neut (2.0-7.5)	x10^9	/L	2.4	4.0	2.8
Lymph(1.0-4.0)	x10^9	/L	1.7	1.7	1.2
Mono (0.2-1.0)	x10^9	/L	0.5	0.4	0.3
Eos (< 0.7)	x10^9	/L	0.0	0.1	0.1
Baso (< 0.2)	x10^9	/L	0.0	0.1	0.1
Plat (150-400)	x10^9	/L	279	284	246

HAEMATOLOGY: FBC parameters are within reference range.

Requested Tests : VBF*, TFT*, STE*, SCP*, GLU, ESR*, RDA*, MBA, LLA*, LIP, FE*, FBE, DVI*, CTD*, COA*, A1C*

GUSELI, VANESSA
12 SPRING ST, MITTAGONG. 2575
Phone: 0414878843
Birthdate: 14/09/1980 **Sex:** F **Medicare Number:** 3407308255
Your Reference: 00035322 **Lab Reference:** 22-20031016-COA-0
Laboratory: Laverty Pathology
Addressee: DR SAM REWAIS **Referred by:** DR SAM REWAIS
Copy to:
DR MEHDI VAN DEN BOS

Name of Test: COAGULATION STUDIES (COA-0)
Requested: 29/11/2022 **Collected:** 29/11/2022 **Reported:** 29/11/2022 14:24

Clinical notes: ? Abnormal thyroid.

Clinical Notes : ? Abnormal thyroid.

COAGULATION STUDIES

Request Number		20031016	
Date Collected		29 Nov 22	
Time Collected		00:00	
Specimen Type: CIT/EDTA			
INR	(0.9-1.2)	1.2	
APTT	(23.0-32.0)	secs	29.8
FIB	(1.8-4.0)	g/L	2.4
PT	(10.0-15.0)	secs	12.1

Therapeutic range for intravenous unfractionated heparin is 41-69 secs.
(Based on 1.5-2.5 times the mean normal time of 27.5 secs).
Guidelines on the use and monitoring of heparin. BJH, 133, 19-34; 2006.

Effective 1.12.2020 the APTT reference interval has been modified due to reagent lot variation.

Requested Tests : VBF*, TFT*, STE*, SCP*, GLU, ESR*, RDA*, MBA, LLA*, LIP, FE*, FBE, DVI*, CTD*, COA, A1C*

GUSELI, VANESSA
12 SPRING ST, MITTAGONG. 2575
Phone: 0414878843
Birthdate: 14/09/1980 **Sex:** F **Medicare Number:** 3407308255
Your Reference: 00035322 **Lab Reference:** 22-20031016-ESR-0
Laboratory: Laverty Pathology
Addressee: DR SAM REWAIS **Referred by:** DR SAM REWAIS
Copy to:

DR MEHDI VAN DEN BOS

Name of Test: E.S.R (ESR-0)
Requested: 29/11/2022 **Collected:** 29/11/2022 **Reported:** 29/11/2022 14:42

Clinical notes: ? Abnormal thyroid.

Clinical Notes : ? Abnormal thyroid.

HAEMATOLOGY

Request Number	20031016		
Date Collected	29 Nov 22		
Time Collected	00:00		
Specimen Type: EDTA			
ESR (< 30)	mm/hr	3	

Requested Tests : VBF*, TFT*, STE*, SCP*, GLU, ESR, RDA*, MBA, LLA*, LIP, FE*, FBE, DVI*, CTD*, COA, A1C*

GUSELI, VANESSA
12 SPRING ST, MITTAGONG. 2575
Phone: 0414878843
Birthdate: 14/09/1980 **Sex:** F **Medicare Number:** 3407308255
Your Reference: 00035322 **Lab Reference:** 22-20031016-RDA-0
Laboratory: Laverty Pathology
Addressee: DR SAM REWAIS **Referred by:** DR SAM REWAIS
Copy to:
DR MEHDI VAN DEN BOS

Name of Test: RHEUMATIC DISEASE AB (RDA-0)
Requested: 29/11/2022 **Collected:** 29/11/2022 **Reported:** 29/11/2022 17:55

Clinical notes: ? Abnormal thyroid.

Clinical Notes : ? Abnormal thyroid.

RHEUMATIC DISEASE ANTIBODIES

Rheumatoid factor	< 14	IU/mL	(< 14)

Rheumatoid factor (RF) was not detected by direct chemiluminescence assay. Negative RF does not exclude a diagnosis of rheumatoid arthritis as 20-40% of patients with this condition may be seronegative. Measurement of antibodies to cyclic citrullinated peptide (CCP) may assist in diagnosis of seronegative patients with rheumatoid arthritis.

All testing performed on serum or plasma unless otherwise specified.

Requested Tests : VBF*, TFT*, STE*, SCP*, GLU, ESR, RDA, MBA, LLA*, LIP, FE*, FBE, DVI*, CTD*, COA, A1C*

GUSELI, VANESSA
12 SPRING ST, MITTAGONG. 2575
Phone: 0414878843
Birthdate: 14/09/1980 **Sex:** F **Medicare Number:** 3407308255
Your Reference: 00035322 **Lab Reference:** 22-20031016-VBF-0
Laboratory: Laverty Pathology
Addressee: DR SAM REWAIS **Referred by:** DR SAM REWAIS

Copy to:
DR MEHDI VAN DEN BOS

Name of Test: B12, FOLATE, R.C.FOLATE (VBF-0)
Requested: 29/11/2022 **Collected:** 29/11/2022 **Reported:** 29/11/2022 17:59

Clinical notes: ? Abnormal thyroid.

Clinical Notes : ? Abnormal thyroid.

VITAMIN B12 AND FOLATE STUDIES

Request Number			23991686	25041674	14343367	20031016
Date Collected			14 Oct 20	14 Jan 21	5 Nov 21	29 Nov 22
Time Collected			08:55	09:40	00:00	00:00
B12	(301-740)	pmol/L	513	609	642	643
Serum Folate	(> 9.0)	nmol/L	45.7	42.1	51.0	> 54.0

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, STE*, SCP*, GLU, ESR, RDA, MBA, LLA*, LIP, FE, FBE, DVI*, CTD*, COA, A1C*

GUSELI, VANESSA
12 SPRING ST, MITTAGONG. 2575
Phone: 0414878843
Birthdate: 14/09/1980 **Sex:** F **Medicare Number:** 3407308255
Your Reference: 00035322 **Lab Reference:** 22-20031016-TFT-0
Laboratory: Laverty Pathology
Addressee: DR SAM REWAIS **Referred by:** DR SAM REWAIS
Copy to:
DR MEHDI VAN DEN BOS

Name of Test: THYROID FUNCTION TEST (TFT-0)
Requested: 29/11/2022 **Collected:** 29/11/2022 **Reported:** 29/11/2022 17:59

Clinical notes: ? Abnormal thyroid.

Clinical Notes : ? Abnormal thyroid.

THYROID PROFILE

Request Number	23991686	14343367	20031016

Date Collected			14 Oct 20	5 Nov 21	29 Nov 22
Time Collected			08:55	00:00	00:00
Specimen Type: Serum					
TSH	(0.5-4.0)	mIU/L	1.5	1.1	2.2

Result(s) consistent with euthyroidism.

Please note the above reference intervals have been developed from a non-pregnant healthy general population study.

Please note that without a specific indication, Medicare does not fund FT4 and FT3 testing in patients with normal TSH results. If these tests are clinically indicated please contact the laboratory.

Requested Tests : VBF, TFT, STE*, SCP*, GLU, ESR, RDA, MBA, LLA*, LIP, FE, FBE, DVI*, CTD*, COA, A1C*

GUSELI, VANESSA
12 SPRING ST, MITTAGONG. 2575
Phone: 0414878843
Birthdate: 14/09/1980 **Sex:** F **Medicare Number:** 3407308255
Your Reference: 00035322 **Lab Reference:** 22-20031016-FE-0
Laboratory: Laverty Pathology
Addressee: DR SAM REWAIS **Referred by:** DR SAM REWAIS
Copy to:
DR MEHDI VAN DEN BOS

Name of Test: IRON STUDIES (FE-0)
Requested: 29/11/2022 **Collected:** 29/11/2022 **Reported:** 29/11/2022 18:02

Clinical notes: ? Abnormal thyroid.

Clinical Notes : ? Abnormal thyroid.

IRON STUDIES

Request Number			23991686	25041674	14343367	20031016
Date Collected			14 Oct 20	14 Jan 21	5 Nov 21	29 Nov 22
Time Collected			08:55	09:40	00:00	00:00
Specimen Type: Serum						
Iron	(10-30)	umol/L	**8**	18	**7**	12
T'ferrin	(32-48)	umol/L	**28**	**23**	**25**	**22**
T. Sat.	(13-45)	%	15	40	14	28
Ferritin	(30-165)	ug/L	41	**255**	114	141

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

Requested Tests : VBF, TFT, STE*, SCP*, GLU, ESR, RDA, MBA, LLA*, LIP, FE, FBE, DVI*, CTD*, COA, A1C*

GUSELI, VANESSA
12 SPRING ST, MITTAGONG. 2575
Phone: 0414878843
Birthdate: 14/09/1980 **Sex:** F **Medicare Number:** 3407308255
Your Reference: 00035322 **Lab Reference:** 22-20031016-STE-0
Laboratory: Laverty Pathology
Addressee: DR SAM REWAIS **Referred by:** DR SAM REWAIS

Copy to:
DR MEHDI VAN DEN BOS

Name of Test: TRACE ELEMENTS (STE-0)
Requested: 29/11/2022 **Collected:** 29/11/2022 **Reported:** 29/11/2022 20:13

Clinical notes: ? Abnormal thyroid.

Clinical Notes : ? Abnormal thyroid.

PLASMA TRACE ELEMENTS

Request Number			23991686	25041674	14343367	20031016
Date Collected			14 Oct 20	14 Jan 21	5 Nov 21	29 Nov 22
Time Collected			08:55	09:40	00:00	00:00
	(RI)					
Copper	(12-24)	umol/L				14
Zinc	(10.0-18.0)	umol/L	10.6	12.4	**9.2**	12.3

RI = Reference Interval

Requested Tests : VBF, TFT, STE, SCP, GLU, ESR, RDA, MBA, LLA*, LIP, FE, FBE, DVI, CTD*, COA, A1C

GUSELI, VANESSA
12 SPRING ST, MITTAGONG. 2575
Phone: 0414878843
Birthdate: 14/09/1980 **Sex:** F **Medicare Number:** 3407308255
Your Reference: 00035322 **Lab Reference:** 22-20031016-A1C-0
Laboratory: Laverty Pathology
Addressee: DR SAM REWAIS **Referred by:** DR SAM REWAIS
Copy to:
DR MEHDI VAN DEN BOS

Name of Test: GLYCATED HAEMOGLOBIN (A1C-0)
Requested: 29/11/2022 **Collected:** 29/11/2022 **Reported:** 29/11/2022 19:11

Clinical notes: ? Abnormal thyroid.

Clinical Notes : ? Abnormal thyroid.

GLYCATED HAEMOGLOBIN (HBA1c)

Specimen Type: EDTA

HbA1c- NGSP	4.8	%	(4.0-6.0)
HbA1c- IFCC	29	mmol/mol	(20-42)

The WHO recommends that an HbA1c cut-off of >=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, STE*, SCP*, GLU, ESR, RDA, MBA, LLA*, LIP, FE, FBE, DVI, CTD*, COA, A1C

GUSELI, VANESSA
12 SPRING ST, MITTAGONG. 2575
Phone: 0414878843
Birthdate: 14/09/1980 **Sex:** F **Medicare Number:** 3407308255
Your Reference: 00035322 **Lab Reference:** 22-20031016-SCP-0
Laboratory: Laverty Pathology
Addressee: DR SAM REWAIS **Referred by:** DR SAM REWAIS
Copy to:
DR MEHDI VAN DEN BOS

Name of Test: ULTRA SENSITIVE CRP (SCP-0)
Requested: 29/11/2022 **Collected:** 29/11/2022 **Reported:** 29/11/2022 20:05

Clinical notes: ? Abnormal thyroid.

Clinical Notes : ? Abnormal thyroid.

SERUM HIGH SENSITIVITY C-REACTIVE PROTEIN (CRP)

Request Number			20031016
Date Collected			29 Nov 22
Time Collected			00:00
hsCRP	(< 4.91)	mg/L	0.26

The CDC / AHA recommend the following hsCRP cut-off points (tertiles) for cardiovascular disease risk assessment:

hsCRP level (mg/L)	Relative Risk
<1.0	Low
1.0 - 3.0	Average
>3.0	High

The average of two CRP tests, ideally taken two weeks apart, produces a more stable estimate of this marker.

A CRP greater than 10mg/L should prompt a search for a source of infection or inflammation.

Requested Tests : VBF, TFT, STE*, SCP, GLU, ESR, RDA, MBA, LLA*, LIP, FE, FBE, DVI, CTD*, COA, A1C

GUSELI, VANESSA
12 SPRING ST, MITTAGONG. 2575
Phone: 0414878843
Birthdate: 14/09/1980 **Sex:** F **Medicare Number:** 3407308255
Your Reference: 00035322 **Lab Reference:** 22-20031016-DVI-0
Laboratory: Laverty Pathology
Addressee: DR SAM REWAIS **Referred by:** DR SAM REWAIS
Copy to:
DR MEHDI VAN DEN BOS

Name of Test: VITAMIN D (DVI-0)
Requested: 29/11/2022 **Collected:** 29/11/2022 **Reported:** 29/11/2022 18:33

Clinical notes: ? Abnormal thyroid.

Clinical Notes : ? Abnormal thyroid.

VITAMIN D

Haemolysis	Nil	
Serum 25(OH) Vitamin D	112	nmol/L

Suggested decision limits for Vitamin D status:

Sufficiency	51 -200	nmol/L
Mild deficiency	25 - 50	nmol/L
Marked deficiency	< 25	nmol/L
Toxicity	>250	nmol/L

References: Vitamin D and health in adults in Australia and New Zealand: Position Statement. MJA 2012 June 18; 196(11),686-687.

Requested Tests : VBF, TFT, STE*, SCP*, GLU, ESR, RDA, MBA, LLA*, LIP, FE, FBE, DVI, CTD*, COA, A1C*

GUSELI, VANESSA
12 SPRING ST, MITTAGONG. 2575
Phone: 0414878843
Birthdate: 14/09/1980 **Sex:** F **Medicare Number:** 3407308255
Your Reference: 00035322 **Lab Reference:** 22-20031016-LLA-0
Laboratory: Laverty Pathology
Addressee: DR SAM REWAIS **Referred by:** DR SAM REWAIS
Copy to:
DR MEHDI VAN DEN BOS

Name of Test: ANTI LEUCOCYTE ANTIBODY (LLA-0)
Requested: 29/11/2022 **Collected:** 29/11/2022 **Reported:** 30/11/2022 15:38

Clinical notes: ? Abnormal thyroid.

Clinical Notes : ? Abnormal thyroid.

IMMUNOLOGY

AUTOIMMUNE SEROLOGY

Antineutrophil Cytoplasmic Antibody (ANCA)	Negative

Screening for ANCA was negative by indirect immunofluorescence at a dilution of 1:20. 5% PR-3/MPO-positive sera may be negative on screening by IIF. Suggest specific testing for proteinase-3 and myeloperoxidase if clinical suspicion of vasculitis is high.

All testing performed on serum or plasma unless otherwise specified.

Requested Tests : VBF, TFT, STE, SCP, GLU, ESR, RDA, MBA, LLA, LIP, FE, FBE, DVI, CTD*, COA, A1C

GUSELI, VANESSA
12 SPRING ST, MITTAGONG. 2575
Phone: 0414878843
Birthdate: 14/09/1980 **Sex:** F **Medicare Number:** 3407308255
Your Reference: 00035322 **Lab Reference:** 22-20031016-CTD-0
Laboratory: Laverty Pathology
Addressee: DR SAM REWAIS **Referred by:** DR SAM REWAIS
Copy to:
DR MEHDI VAN DEN BOS

Name of Test: AUTOIMMUNE (CTD-0)
Requested: 29/11/2022 **Collected:** 29/11/2022 **Reported:** 01/12/2022 15:53

Clinical notes: ? Abnormal thyroid.

Clinical Notes : ? Abnormal thyroid.

AUTOIMMUNE SEROLOGY

Anti-nuclear antibodies	Negative		
Anti-dsDNA	< 1.0	IU/mL	(< 7.0)

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.

Antibodies to double stranded DNA (dsDNA) were not detected by Farr Assay. A negative anti-dsDNA result does not exclude the diagnosis of SLE.

All testing performed on serum or plasma unless otherwise specified.

Requested Tests : VBF, TFT, STE, SCP, GLU, ESR, RDA, MBA, LLA, LIP, FE, FBE, DVI, CTD, COA, A1C

GUSELI, VANESSA
12 SPRING ST, MITTAGONG. 2575
Phone: 0414878843
Birthdate: 14/09/1980 **Sex:** F **Medicare Number:** 3407308255
Your Reference: 00035323 **Lab Reference:** 22-21038732-UTE-0
Laboratory: Laverty Pathology
Addressee: DR SAM REWAIS **Referred by:** DR SAM REWAIS

Name of Test: URINE TRACE ELEMENTS (UTE-0)
Requested: 29/11/2022 **Collected:** 30/11/2022 **Reported:** 01/12/2022 12:22

URINE TRACE METALS

			(RI)	BOEL
Total Volume	Random			
Urine Creatinine	3.9	mmol/L		N/A
Urine Iodine (ug/L)	30	ug/L		N/A
Urine Iodine (Crt corrected)	**65**	ug/L	(> 100)	

WHO Criteria for assessing median Urinary Iodine Excretion results in populations:
- No deficiency : > 100 ug/L
- Mild Iodine deficiency : 50-99 ug/L
- Moderate Iodine deficiency : 20-49 ug/L
- Severe Iodine deficiency : < 20 ug/L

Urine iodine (creatinine corrected) adjusts the measured result to account for changes in urine concentration. Please note that urine iodine indicates short term iodine exposure and is a poor marker of iodine status in an individual. For more detail refer to: "http://whqlibdoc.who.int/publications/2007/9789241595827_eng.pdf"

BOEL = Biological Occupational Exposure Limit
RI = Reference Interval

Requested Tests : UTE