

Patient Name: HORNE,JOANNE
Patient Address: 99 ALMA ST, WEE WAA,NSW 2388
D.O.B: 25/06/1971
Medicare No.: 2015685541
Lab. Reference:
Addressee: DR SUBRAMANIAN
SIVANATHAN
Gender: F
IHI No.:
Provider: SYDPATH
Referred by: DR IAN CHAMBERS
030542DW
Date Requested: 17/02/2021
Date Collected: 17/02/2021
Specimen:
Subject(Test Name): VIP
Clinical Information:

VIP

VIP <4.0 pmol/L [0.0-30.0]
VIP comment From Monday 26th August 2019, the VIP assay has changed from Euradiagnostica to DIASource radioimmunassay. The DIASource method has a negative bias and this is reflected in the change in reference interval (fasting specimen).
Referral Lab Comment Test(s) performed at Royal Prince Alfred Hospital, Camperdown.

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Date Requested: 17/02/2021
Date Collected: 17/02/2021
Specimen:
Subject(Test Name): Reverse T3
Clinical Information:

Date Performed: 17/02/2021
Complete: Yes

Reverse T3

Reverse T3 357 pmol/L [140-540]

Referral Lab Comment Test(s) performed at South Eastern Area Health
Service, Randwick.

Tests Pending: VIP

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Date Requested: 17/02/2021
Date Collected: 17/02/2021
Specimen:
Subject(Test Name): Cytomegalovirus Serology
Clinical Information:

Date Performed: 17/02/2021
Complete: Yes

Viral Serology

CMV IgG CMIA 0.8 aU/mL
CMV IgG Interp NonReactive

Cytomegalovirus Comment

Tests Pending: DHEAS, Copeptin , Copper, Histamine, Leptin, Reverse T3, VIP, Zinc, HLA-DQ2/DQ8, RBC
Folate, Antinuclear Antibodies

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Date Requested: 17/02/2021
Date Collected: 17/02/2021
Specimen:

Date Performed: 17/02/2021
Complete: Yes

Subject(Test Name): Zinc
Clinical Information:

Zinc

Zinc (plasma) 13.7 umol/L [10.1-16.8]
Referral Lab Comment Test(s) performed at Pathology North, RNSH.

Tests Pending: Copper, Histamine, Reverse T3, VIP, HLA-DQ2/DQ8

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Date Requested: 17/02/2021
Date Collected: 17/02/2021
Specimen:
Subject(Test Name): B12 and Folate
Clinical Information:

Date Performed: 17/02/2021
Complete: Yes

	Current Result	Previous results for comparison only	Reference (for this collection)
Date:	17/02/21		
Time:	08:00		
Request No.:	6187878		
B12 and Folate			
Vitamin B12 serum	269		pmol/L >140
Total B12 Comment	HIGHB12		
Red Cell Folate	495 L		nmol/L >800
BF and RCF Commen	LOWRCF		

Comments: (17/02/2021 08:00 Episode No. 6187878)

HIGHB12: VITAMIN B12. Total Vitamin B12 result greater than or equal to 200 pmol/L makes significant deficiency of vitamin B12 unlikely.

LOWRCF: Red cell folate result is consistent with folate deficiency.
Note that vitamin B12 deficiency may also cause a low measured red cell folate.

Tests Pending: DHEAS, Copeptin, Copper, Histamine, Leptin, Reverse T3, VIP, Zinc, HLA-DQ2/DQ8

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Date Requested: 17/02/2021
Date Collected: 17/02/2021
Specimen:
Subject(Test Name): EBV Serology
Clinical Information:

Date Performed: 17/02/2021
Complete: Yes

Viral Serology

EBV VCA IgG Interp Reactive
EBV VCA IgM Interp NonReactive

Epstein Barr Virus Comment

These results suggest past infection with Epstein Barr virus.

Tests Pending: DHEAS, Copeptin , Copper, Histamine, Leptin, Reverse T3, VIP, Zinc, HLA-DQ2/DQ8, RBC
Folate, Antinuclear Antibodies

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Referred by: DR IAN CHAMBERS
030542DW

Date Requested: 17/02/2021
Date Collected: 17/02/2021
Specimen:
Subject(Test Name): Histamine
Clinical Information:

Date Performed: 17/02/2021
Complete: Yes

Histamine

Histamine (whole blood) 2.0 umol/L [0.2-2.0]
Referral Lab Comment Test(s) performed at Sullivan and
Nicolaides Pathology, Queensland.

Tests Pending: Reverse T3,VIP

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Date Requested: 17/02/2021
Date Collected: 17/02/2021
Specimen:
Subject(Test Name): Auto Immune Testing
Clinical Information:

Date Performed: 17/02/2021
Complete: Yes

Antinuclear Antibodies

ANA Negative
SLE unlikely. Consider ordering ENA to completely exclude SLE.

Tests Pending: DHEAS, Copeptin , Copper, Histamine, Leptin, Reverse T3, VIP, Zinc, HLA-DQ2/DQ8, RBC Folate

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Date Requested: 17/02/2021
Date Collected: 17/02/2021
Specimen:
Subject(Test Name): Cytomegalovirus IgM Serology
Clinical Information:

Gender: F
IHI No.:
Provider: SYDPATH
Referred by: DR IAN CHAMBERS
030542DW

Date Performed: 17/02/2021
Complete: Yes

Viral Serology

CMV IgM NonReactive

Cytomegalovirus Comment

These results do not suggest recent or past infection with CMV. Please send a convalescent specimen collected at least 14 days after onset of symptoms if clinically indicated.

Tests Pending: DHEAS,Copeptin ,Copper,Histamine,Leptin,Reverse T3,VIP,Zinc,HLA-DQ2/DQ8,RBC Folate,Antinuclear Antibodies

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Referred by: DR IAN CHAMBERS
030542DW

Date Requested: 17/02/2021
Date Collected: 17/02/2021
Specimen:
Subject(Test Name): Endocrinology
Clinical Information:

Date Performed: 17/02/2021
Complete: Yes

	Current Result	Previous results for comparison only		Reference (for this collection)
Date:	17/02/21			
Time:	08:00			
Request No.:	6187878		Units	
Endocrinology				
DHEAS	0.7		umol/L	
Homocysteine	10.2		umol/L	5.0-15.0
DHEAS comment	dhsnf			

Comments: (17/02/2021 08:00 Episode No. 6187878)

dhsnf: DHEAS Reference Interval (serum/plasma):
Postmenopausal: 0 - 1.7 umol/L
Premenopausal: 2.2 - 9.1 umol/L
Term Pregnancy: 0 - 3.2 umol/L
Prepubertal: 0 - 1.6 umol/L
Newborn: 4.5 - 9.9 umol/L

Tests Pending: Copeptin ,Copper,Histamine,Reverse T3,VIP,Zinc,HLA-DQ2/DQ8

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Date Requested: 17/02/2021
Date Collected: 17/02/2021
Specimen:

Date Performed: 17/02/2021
Complete: Yes

Subject(Test Name): Copeptin
Clinical Information:

Copeptin

Copeptin
Comment

3.9 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 (>8 hours) 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. 211;96(5):1506-1515.

Referral Lab Comment

Test(s) performed at Royal Prince Alfred Hospital, Camperdown.

Tests Pending: Copper, Histamine, Reverse T3, VIP, Zinc, HLA-DQ2/DQ8