NEW,MALKA
1 LABASSA GROVE,CAULFIELD NORTH.3161
Birthdate:20/07/1999 **Sex:**F **Medicare Number:**32867331584
Your Reference: **Lab Reference:**23-49434511-FHP-0
Laboratory:DOREVITCH PATHOLOGY
Addressee:DR ILANA LASER **Referred by:**DR ILANA LASER

Name of Test:HORMONE STUDIES
Requested:15/08/2023 **Collected:**27/10/2023 **Reported:**27/10/2023 18:33

SERUM HORMONES

	FSH	LH	E2	PROG
	IU/L	IU/L	pmol/L	nmol/L
Lab.No Date				
49434511 27/10/23	9	5	273	

REFERENCE INTERVALS

Follicular	1-6	1-10	70-530	1.0-7.0
Mid cycle	5-20	15-100	235-1300	1.0-7.0
Luteal	1-12	1-20	205-790	5.0-95
Pregnant (1st Trim.)	1-6	1-10	230-910	20-130
Post menopausal	>20	>20	0-120	<1.5

Method: Siemens Immunoassay

Note: Estradiol results should be interpreted with caution in patients taking high-dose biotin therapy due to possible interference with this test.

Requested Tests : GS, TFT*, GHB*, FES*, PRL, OHP*, LIP, FHP, FBE, CLC*, BFO, AND*