

NEW, MALKA

1 LABASSA GROVE, CAULFIELD NORTH. 3161

Birthdate: 20/07/1999 **Sex:** F **Medicare Number:** 32867331584

Your Reference: **Lab Reference:** 23-49434511-CLC-0

Laboratory: DOREVITCH PATHOLOGY

Addressee: DR ILANA LASER **Referred by:** DR ILANA LASER

Name of Test: COELIAC PANEL

Requested: 15/08/2023 **Collected:** 27/10/2023 **Reported:** 28/10/2023 15:50

COELIAC DISEASE SEROLOGY (SERUM)

Deamidated Gliadin IgG Ab (Bioplex): Not detected

t-Transglutaminase IgA Ab (Bioplex): Not detected

COMMENT: A new diagnosis of coeliac disease is unlikely with negative IgA transglutaminase and IgG deamidated gliadin peptide antibodies. This result may, however, be seen in patients with coeliac disease on a gluten-free diet, and may be useful for monitoring response to gluten exclusion. If clinical suspicion of a new diagnosis of coeliac disease is high, consider repeat serological assessment following 2-3 months on a gluten-containing diet. Clinical correlation is recommended.

As of 18/11/2014, the method for initial screening has been changed. All positive results on screening will be checked and reported by current ELISA method to allow ongoing comparison with previous results.

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

Deamidated Gliadin IgG Ab (Bioplex): Not detected

t-Transglutaminase IgA Ab (Bioplex): Not detected

COMMENT: A new diagnosis of coeliac disease is unlikely with negative IgA transglutaminase and IgG deamidated gliadin peptide antibodies. This result may, however, be seen in patients with coeliac disease on a gluten-free diet, and may be useful for monitoring response to gluten exclusion. If clinical suspicion of a new diagnosis of coeliac disease is high, consider repeat serological assessment following 2-3 months on a gluten-containing diet. Clinical correlation is recommended.

As of 18/11/2014, the method for initial screening has been changed. All positive results on screening will be checked and reported by current ELISA method to allow ongoing comparison with previous results.

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

NEW, MALKA

1 LABASSA GROVE, CAULFIELD NORTH. 3161

Birthdate: 20/07/1999 **Sex:** F **Medicare Number:** 32867331584

Your Reference: **Lab Reference:** 23-49434511-GHB-0

Laboratory: DOREVITCH PATHOLOGY

Addressee: DR ILANA LASER **Referred by:** DR ILANA LASER

Name of Test: HBA1C (GLYCATED HB)

Requested: 15/08/2023 **Collected:** 27/10/2023 **Reported:** 27/10/2023 22:28

BLOOD HAEMOGLOBIN A 1c

Date	Lab.No.	HBA1C %	HbA1c mmol/mol
------	---------	---------	----------------

27/10/23	49434511	4.6	27
----------	----------	-----	----

For diagnosis of diabetes mellitus the cut off is 6.5%.

For monitoring diabetic patients use the guidelines below.

Guidelines	HbA1c%	HbA1c mmol/mol
------------	--------	----------------

General Target	< 7.1	< 54
----------------	-------	------

Adequate	< 8.1	< 65
----------	-------	------

Suboptimal	> 8.0	> 64
------------	-------	------

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