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

Name of Test:PROLACTIN (SERUM)
Requested:15/08/2023 **Collected:**27/10/2023 **Reported:**27/10/2023 18:32

PROLACTIN

Serum Prolactin :	165	mIU/L	(59-619)

Method: Siemens Immunoassay

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