BOXSHALL, MIRANDA
U1 1 BENNETT ST, BORONIA. 3155
Birthdate: 15/07/1994 **Sex:** F **Medicare Number:** 35133821221
Your Reference: **Lab Reference:** 23-47181332-FBE-0
Laboratory: DOREVITCH PATHOLOGY
Addressee: DR AVI CHARLTON **Referred by:** DR AVI CHARLTON

Name of Test: FULL BLOOD EXAMINATION
Requested: 26/10/2023 **Collected:** 28/10/2023 **Reported:** 28/10/2023 19:20

FULL BLOOD EXAMINATION

Coll.Date: 28/10/23
Coll.Time: 12:00
Lab.No: 47181332

					Units	**Ref.Range**
Haemoglobin:	136	--	--	--	g/L	(115-165)
WCC:	10.0	--	--	--	x10^9 /L	(4.0-11.0)
Platelets:	279	--	--	--	x10^9 /L	(150-450)
RCC:	4.40	--	--	--	x10^12 /L	(3.80-5.80)
PCV:	0.39	--	--	--	L/L	(0.37-0.47)
MCV:	89	--	--	--	fL	(80-96)
MCH:	31	--	--	--	pg	(27-32)
MCHC:	353	--	--	--	g/L	(320-360)
RDW:	11.1	--	--	--	%	(11.0-16.0)
Neutrophils:	6.8	--	--	--	x10^9 /L	(2.0-8.0)
Lymphocytes:	2.4	--	--	--	x10^9 /L	(1.0-4.0)
Monocytes:	0.7	--	--	--	x10^9 /L	(0.0-1.0)
Eosinophils:	0.1	--	--	--	x10^9 /L	(0.0-0.5)
Basophils:	0.0	--	--	--	x10^9 /L	(0.0-0.2)

28/10/23 47181332 Red cells, white cells and platelets within normal limits.

Requested Tests : HIV*, VSS*, URC*, SYP*, VID*, FES*, RUB*, MBI*, HEP*, FBE

BOXSHALL, MIRANDA
U1 1 BENNETT ST, BORONIA. 3155
Birthdate: 15/07/1994 **Sex:** F **Medicare Number:** 35133821221
Your Reference: **Lab Reference:** 23-47181332-VID-0
Laboratory: DOREVITCH PATHOLOGY
Addressee: DR AVI CHARLTON **Referred by:** DR AVI CHARLTON

Name of Test: 25 HYDROXY VITAMIN D
Requested: 26/10/2023 **Collected:** 28/10/2023 **Reported:** 28/10/2023 21:24

SERUM 25 - HYDROXY VITAMIN D

Date	Lab. No.	25 - Hydroxy Vitamin D (nmol/L)	Ref.Range (> 50)
28/10/23	47181332	34	*

Mild vitamin D deficiency. Optimal vitamin D concentrations are greater than 50 nmol/L at the end of winter and greater than 60-70 nmol/L at the end of summer.

Method: DiaSorin Liaison XL immunoassay. Note that this test cannot be used to monitor patients taking exclusively 1,25 dihydroxy Vitamin D (Calcitriol).

Requested Tests : HIV*, VSS*, URC*, SYP*, VID, FES*, RUB*, MBI*, HEP*, FBE

BOXSHALL, MIRANDA
U1 1 BENNETT ST, BORONIA. 3155
Birthdate: 15/07/1994 **Sex:** F **Medicare Number:** 35133821221
Your Reference: **Lab Reference:** 23-47181332-VSS-0
Laboratory: DOREVITCH PATHOLOGY
Addressee: DR AVI CHARLTON **Referred by:** DR AVI CHARLTON

Name of Test: VARICELLA TEST PANEL
Requested: 26/10/2023 **Collected:** 28/10/2023 **Reported:** 28/10/2023 21:39

VARICELLA-ZOSTER SEROLOGY (SERUM)

VZV IgG Ab (DiaSorin XL) (28/10/2023): Positive

Consistent with previous primary infection or immunisation.

Requested Tests : HIV*, VSS, URC*, SYP*, VID, FES*, RUB*, MBI*, HEP*, FBE

BOXSHALL, MIRANDA
U1 1 BENNETT ST, BORONIA. 3155
Birthdate: 15/07/1994 **Sex:** F **Medicare Number:** 35133821221
Your Reference: **Lab Reference:** 23-47181332-GHO-0
Laboratory: DOREVITCH PATHOLOGY
Addressee: DR AVI CHARLTON **Referred by:** DR AVI CHARLTON

Name of Test: GROUP ANTIBODY AND HOLD
Requested: 26/10/2023 **Collected:** 28/10/2023 **Reported:** 29/10/2023 22:36

BLOOD GROUP AND ANTIBODY SCREEN

Blood Group	A Rh(D) Positive
Red Cell Antibodies	Not Detected

Requested Tests : GHO, HIV*, VSS, URC*, SYP*, VID, FES*, RUB*, MBI*, HEP*, FBE

BOXSHALL, MIRANDA
U1 1 BENNETT ST, BORONIA. 3155
Birthdate: 15/07/1994 **Sex:** F **Medicare Number:** 35133821221
Your Reference: **Lab Reference:** 23-47181332-HIV-0
Laboratory: DOREVITCH PATHOLOGY
Addressee: DR AVI CHARLTON **Referred by:** DR AVI CHARLTON

Name of Test: HIV ANTIBODY TESTING
Requested: 26/10/2023 **Collected:** 28/10/2023 **Reported:** 30/10/2023 15:49

Date of Birth: 15/07/94

HUMAN IMMUNODEFICIENCY VIRUS (HIV) ANTIBODY/ANTIGEN COMBO (SERUM)

Not Detected (by Abbott HIV-1 and HIV-2)

This result does not exclude recent infection with HIV. If serum was tested within 3 months of exposure, please retest after that time.

Please note: As of 11/10/2021, this assay is now performed on the Abbott Alinity.

Requested Tests : GHO, HIV, VSS, URC*, SYP*, VID, FES*, RUB*, MBI*, HEP*, FBE

BOXSHALL, MIRANDA
U1 1 BENNETT ST, BORONIA. 3155
Birthdate: 15/07/1994 **Sex:** F **Medicare Number:** 35133821221
Your Reference: **Lab Reference:** 23-47181332-SYP-0
Laboratory: DOREVITCH PATHOLOGY
Addressee: DR AVI CHARLTON **Referred by:** DR AVI CHARLTON

Name of Test: TREPONEMAL SEROLOGY
Requested: 26/10/2023 **Collected:** 28/10/2023 **Reported:** 30/10/2023 16:08

TREPONEMAL SEROLOGY (SERUM)

Treponemal Antibodies (SIEMENS) : Non Reactive

No serological evidence of syphilis. If recent primary infection is suspected recommend repeat serology in 2-3 weeks.

Requested Tests : GHO, HIV, VSS, URC*, SYP, VID, FES*, RUB*, MBI*, HEP*, FBE

BOXSHALL, MIRANDA
U1 1 BENNETT ST, BORONIA. 3155
Birthdate: 15/07/1994 **Sex:** F **Medicare Number:** 35133821221
Your Reference: **Lab Reference:** 23-47181332-RUB-0
Laboratory: DOREVITCH PATHOLOGY
Addressee: DR AVI CHARLTON **Referred by:** DR AVI CHARLTON

Name of Test: RUBELLA
Requested: 26/10/2023 **Collected:** 28/10/2023 **Reported:** 30/10/2023 16:24

RUBELLA VIRUS ANTIBODIES (SERUM)

IgG Ab. by Atellica(28/10/2023): 48 IU/ml Reactive (cut-off = 10)

Comment: Evidence of previous rubella infection or immunisation.

A duplicate copy of this report is provided
for the patient's reference if appropriate.

Please note: Method changed to Siemens Atellica Rubella IgG II assay effective 25/01/2023.

Requested Tests : GHO, HIV, VSS, URC*, SYP, VID, FES*, RUB, MBI*, HEP*, FBE

BOXSHALL, MIRANDA
U1 1 BENNETT ST, BORONIA. 3155
Birthdate: 15/07/1994 **Sex:** F **Medicare Number:** 35133821221
Your Reference: **Lab Reference:** 23-47181332-HEP-0
Laboratory: DOREVITCH PATHOLOGY
Addressee: DR AVI CHARLTON **Referred by:** DR AVI CHARLTON

Name of Test: HEPATITIS SEROLOGY
Requested: 26/10/2023 **Collected:** 28/10/2023 **Reported:** 30/10/2023 16:25

HEPATITIS SEROLOGY (SERUM)

Hep B surface antigen (by Abbott)	: Negative
Hep C antibodies (by Siemens)	: Negative

Comment:
The result excludes acute or chronic infection with Hepatitis B.
No evidence of infection with Hepatitis C.

Requested Tests : GHO, HIV, VSS, URC*, SYP, VID, FES*, RUB, MBI*, HEP, FBE

BOXSHALL, MIRANDA
U1 1 BENNETT ST, BORONIA. 3155
Birthdate: 15/07/1994 **Sex:** F **Medicare Number:** 35133821221
Your Reference: **Lab Reference:** 23-47181332-FES-0
Laboratory: DOREVITCH PATHOLOGY
Addressee: DR AVI CHARLTON **Referred by:** DR AVI CHARLTON

Name of Test: IRON STUDIES
Requested: 26/10/2023 **Collected:** 28/10/2023 **Reported:** 30/10/2023 16:36

SERUM IRON-STUDIES

	Date:	**22/09/21**	**28/10/23**		
	Time:	**14:50**	**12:00**		
	Lab.No:	**32862233**	**47181332**		
				Units	**Ref. Range**
Ferritin:		57	69	ug/L	(30-300)
Iron:			32	umol/L	(7-27)
Transferrin:			2.4	g/L	(2.0-3.6)
Transferrin Sat:			53	%	(13-47)

Medical professionals: Please contact a pathologist on 03 9244 0444 if required.

Please note: The Ferritin reference intervals have changed from 20/08/2019

Method: Siemens Immunoassay

Requested Tests : GHO, HIV, VSS, URC*, SYP, VID, FES, RUB, MBI*, HEP, FBE

BOXSHALL, MIRANDA
U1 1 BENNETT ST, BORONIA. 3155
Birthdate: 15/07/1994 **Sex:** F **Medicare Number:** 35133821221
Your Reference: **Lab Reference:** 23-47181332-MBI-0
Laboratory: DOREVITCH PATHOLOGY
Addressee: DR AVI CHARLTON **Referred by:** DR AVI CHARLTON

Name of Test: GENERAL BIOCHEMISTRY
Requested: 26/10/2023 **Collected:** 28/10/2023 **Reported:** 30/10/2023 18:07

SERUM/PLASMA BIOCHEMISTRY

		Coll.Date:	**13/02/18**	**22/09/21**	**14/10/23**	**28/10/23**	Units	Biological Ref.Int.
		Coll.Time:	**13:50**	**14:50**	**10:05**	**12:00**		
		Lab.No:	**36650155**	**32862233**	**50350630**	**47181332**		
Sodium:	--		142	140	146		-- mmol/L	(135-145)
Potassium:	--		3.8	3.9	4.2		-- mmol/L	(3.5-5.2)
Chloride:	--		108	106	110		-- mmol/L	(95-110)
Bicarbonate:	--		27	25	**16**		-- mmol/L	(22-32)
Urea:	--		3.8	4.6	4.3		-- mmol/L	(2.3-7.6)
eGFR(mL/min):	--		> 90	> 90	> 90		-- per 1.73sqm	(> 60)
Creatinine:	--		63	63	64		-- umol/L	(40-90)
Bilirubin:	13		4	11	18		-- umol/L	(0-20)
ALT:	21		15	16	14		-- U/L	(0-30)
AST:	18		17	13	16		-- U/L	(0-30)
ALP:	55		53	50	55		-- U/L	(30-110)
GGT:	8		7	11	11		-- U/L	(0-30)
Tot.Protein:	72		72	71	73		-- g/L	(60-80)
Albumin:	38		44	43	44		-- g/L	(36-49)
Globulin:	34		28	28	29		-- g/L	(22-40)

28/10/23 47181332 MBI: Decreased serum bicarbonate may be caused by small sample volume.

Reference intervals for EUC and LFTs have been updated from 01/08/2017.

Requested Tests : GHO, HIV, VSS, URC*, SYP, VID, FES, RUB, MBI, HEP, FBE

BOXSHALL, MIRANDA
U1 1 BENNETT ST, BORONIA. 3155
Birthdate: 15/07/1994 **Sex:** F **Medicare Number:** 35133821221
Your Reference: **Lab Reference:** 23-47181332-URC-0
Laboratory: DOREVITCH PATHOLOGY
Addressee: DR AVI CHARLTON **Referred by:** DR AVI CHARLTON

Name of Test: URINE MICROSCOPY
Requested: 26/10/2023 **Collected:** 28/10/2023 **Reported:** 31/10/2023 18:05

URINE EXAMINATION:

PHASE CONTRAST			CHEMISTRY	
Epith.Squames..	20 x10^6 /L	(N <10)	pH 6.5	Glucose Neg
Polymorphs.....	5 x10^6 /L	(N <10)	Protein Neg	Ketones ++
Erythrocytes...	5 x10^6 /L	(N <10)	Blood/Hb Neg	

No casts or crystals seen (unspun urine).

CULTUREPending

Requested Tests : GHO, HIV, VSS, URC*, SYP, VID, FES, RUB, MBI, HEP, FBE

BOXSHALL, MIRANDA
U1 1 BENNETT ST, BORONIA. 3155
Birthdate: 15/07/1994 **Sex:** F **Medicare Number:** 35133821221
Your Reference: **Lab Reference:** 23-47181332-URC-0
Laboratory: DOREVITCH PATHOLOGY
Addressee: DR AVI CHARLTON **Referred by:** DR AVI CHARLTON

Name of Test: URINE MICROSCOPY
Requested: 26/10/2023 **Collected:** 28/10/2023 **Reported:** 03/11/2023
11:36

URINE EXAMINATION:

PHASE CONTRAST			CHEMISTRY	
Epith.Squames..	20 x10^6	/L (N <10)	pH 6.5	Glucose Neg
Polymorphs.....	5 x10^6	/L (N <10)	Protein Neg	Ketones ++
Erythrocytes...	5 x10^6	/L (N <10)	Blood/Hb Neg	

No casts or crystals seen (unspun urine).

CULTURE

Org 1: > 10^8 /L Enterococcus faecalis

Comment: Bacteriuria of pregnancy or UTI has not been excluded.
In view of epithelial cells the culture may represent perineal contamination. Suggest repeat testing, unless patient is symptomatic
All Enterococci are resistant to all cephalosporins (1st-4th generation), to trimethoprim and to cotrimoxazole.

SUSCEPTIBILITY

	Org 1
Amoxycillin	S
Cephalexin	R
Nitrofurantoin	S

Requested Tests : GHO, HIV, VSS, URC, SYP, VID, FES, RUB, MBI, HEP, FBE