

DAHLSTROM, Vera

QML Pathology

For Surgery Use ☐ Urgent ☐ Ring Patient ☐ Make Appointment ☐ Note in Chart ☐ File ☐

Patient **HALE, Christine Anne**

41 BINGAL BAY, CAIRNS QLD

Sex **F** Age **69 years.** DOB **07/08/1953**

Requested 23/01/2023

Report For **DAHLSTROM, Vera**

Collected 23/01/2023 08:25 AM

Ref. by/copy to

Reported 24/01/2023 01:46 PM

CUMULATIVE VITAMIN B12 AND FOLATE ASSAYS
Date 05/10/22 23/01/23
Time 07:47 08:25
Lab No 71044320 71620765

B12 Total	724	pmol/L	
Active B12	128	pmol/L	(> 35)
S.Fol.	> 54.0	nmol/L	(8.4-55.0)

Comment :
71620765

Serum Folate Assay:
Adequate Serum Folate.
In the absence of recent oral intake, a serum folate >13 nmol/L effectively rules out folate deficiency. Consider repeat fasting Folate, if there has been inadequate fasting, and clinical concern remains.

Holo TC Assay:
No vitamin B12 deficiency.

Methodology:
B12 and Active B12 (HoloTC) assays performed on Siemens Atellica analyser.

For Doctor clinical enquiries, please contact Dr Peter Davidson 07 3121 4444.
Patients should contact their referring doctor in regard to this result.

Pathology Report

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Ref. by/copy to

Requested 23/01/2023

Collected 23/01/2023 08:25 AM

Reported 24/01/2023 12:30 PM

CUMULATIVE SERUM HOMOCYSTEINE

Date 23/01/23
Time 08:25
Lab No 71620765

Homocysteine 9.0 umol/L (0.0-15.0)

71620765 High normal value.
With this level, the heterozygous state for defects of transsulphuration (homocysteinaemia) is unlikely. However the risk of coronary artery disease may be mildly elevated over the baseline. This is independent of other risk factors.

Homocysteine Related Risk

Plasma level (umol/L)	Risk Average
Below 9.0	No increase
9.0 - 14.9	x 2
15.0 - 19.9	x 3
20.0 or greater	x 4.5

Risks approximated from New Eng J Med 1997 (337:230-236)

Pathology Report