

Referrer **Dr Georgla Bavin**

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Phone 0367243063

Lab ID **413183784**

DOB 20/12/1985 (37 Yrs FEMALE)

Your ref. 1990

Address 54 TALBOT RD
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Copy to

Requested 26/10/2023

Clinical Notes aim day 2-3

Collected 04/11/2023 07:24

Received 04/11/2023 07:28

Test Name	Result	Units	Reference Interval
Vitamin B12	448	pmol/L	200 - 700
HCT	0.38		0.36 - 0.47

Comments

<120 pmol/L - Deficient. Specimen reflexed for Active B12 testing to confirm deficiency (see additional report).

120 - 300 pmol/L - Equivocal. Specimen reflexed for Active B12 testing to clarify vitamin B12 status (see additional report).

>300 pmol/L - Normal.

CA

HOBART PATHOLOGY NATA ACCREDITATION NO. 2270

Reported on 04-11-2023 18:21