Patient Name:	MCDONNELL, EMMA		
Patient Address:	15 DEWHURST STREET, NARRABRI 2390		
D.O.B:	15/02/1992	**Gender:**	F
Medicare No.:	2687710814	**IHI No.:**	
Lab. Reference:	6363617Z020	**Provider:**	SYDPATH
Addressee:	DR ROB PARSONS	**Referred by:**	Dr ROB PARSONS
Date Requested:	7/09/2023	**Date Performed:**	11/09/2023
Date Collected:	11/09/2023	**Complete:**	Final
Specimen:			
Subject(Test Name):	HAEMATOLOGY		
Clinical Information:			

	Current Result	Previous results for comparison only				
Date:	11/09/23	07/02/22	07/09/21	27/05/20		Reference
Time:	12:50	09:36	13:40	08:25		(for this
Request No.:	6363617	6318695	6201705	6171784	Units	collection)
Full Blood Count						
White Cell Count	9.7	11.0	10.5	6.6	10^9/L	4.0-11.0
Red Cell Count	4.7	4.1	4.3	4.8	10^12/L	3.8-5.8
Haemoglobin	143	132	139	153	g/L	115-165
Haematocrit	0.42	0.39	0.40	0.44		0.37-0.47
MCV	89	96	92	91	fL	76-96
MCH	30.4	**32.5 H**	**32.3 H**	31.8	pg	27.0-32.0
MCHC	343	337	350	349	g/L	320-360
RDW	13.0	13.1	13.1	**10.7 L**	%	11.5-14.5
Platelet Count	228	237	263	260	10^9/L	150-400
Neutrophils	6.0	**7.9 H**	6.4	3.6	10^9/L	2.0-7.5
Lymphocytes	2.7	2.2	3.2	2.4	10^9/L	1.5-4.0
Monocytes	0.8	0.7	0.8	0.5	10^9/L	0.2-1.0
Eosinophils	0.2	0.1	0.1	0.1	10^9/L	0.0-0.4
Basophils	0.1	0.1	0.0	0.1	10^9/L	0.0-0.1

Tests Pending: 25VitD,TSH,Uric Acid,UEC,LFT,Vit B12,Ferritin,Hepatitis B Surface Antigen,Hepatitis C Antibody,Rubella IgG Serology,Syphilis Antibody,Varicella zoster IgG Serology,HIV Ag/Ab,Group and Screen

Patient Name:	MCDONNELL, EMMA		
Patient Address:	15 DEWHURST STREET, NARRABRI 2390		
D.O.B:	15/02/1992	**Gender:**	F
Medicare No.:	2687710814	**IHI No.:**	
Lab. Reference:	6363617Z001	**Provider:**	SYDPATH
Addressee:	DR ROB PARSONS	**Referred by:**	Dr ROB PARSONS
Date Requested:	7/09/2023	**Date Performed:**	11/09/2023
Date Collected:	11/09/2023	**Complete:**	Final
Specimen:			
Subject(Test Name):	ROUTINE CHEMISTRY		
Clinical Information:			

	Current Result	Previous results for comparison only			
Date:	11/09/23	07/09/21	27/05/20		Reference
Time:	12:50	13:40	08:25		(for this
Request No.:	6363617	6201705	6171784	Units	collection)
Electrolytes (serum/plasma)					
Sodium	137	138	139	mmol/L	135-145
Potassium	3.8	4.3	4.3	mmol/L	3.5-5.2
Chloride	99	105	101	mmol/L	95-110
Bicarbonate	26	28	27	mmol/L	22-32
Urea	3.5	4.6	3.8	mmol/L	3.0-7.0
Creatinine	**42 L**	58	64	umol/L	45-90
eGFR	>90	>90	>90	mL/mn/1.73m2	>60
Uric acid	**0.13 L**			mmol/L	0.20-0.40
Calcium			2.40	mmol/L	
Magnesium			0.87	mmol/L	
Inorganic Phospha			0.75	mmol/L	
Liver Function Tests (serum/plasma)					
Total protein	75	70	75	g/L	60-80
Albumin	43	41	45	g/L	33-48
Bilirubin total	9	8	13	umol/L	0-20
Alkaline phosphat	78	50	66	U/L	30-110
ALT	16	18	23	U/L	0-35
AST	25	25	29	U/L	0-30
GGT	<8	15	10	U/L	0-35
LDH	168	139	157	U/L	0-430

Tests Pending: 25VitD,TSH,Vit B12,Ferritin,Hepatitis B Surface Antigen,Hepatitis C Antibody,Rubella IgG Serology,Syphilis Antibody,Varicella zoster IgG Serology,HIV Ag/Ab,Group and Screen

Patient Name:	MCDONNELL, EMMA		
Patient Address:	15 DEWHURST STREET, NARRABRI 2390		
D.O.B:	15/02/1992	**Gender:**	F
Medicare No.:	2687710814	**IHI No.:**	
Lab. Reference:	6363617Z034	**Provider:**	SYDPATH
Addressee:	DR ROB PARSONS	**Referred by:**	Dr ROB PARSONS
Date Requested:	7/09/2023	**Date Performed:**	11/09/2023
Date Collected:	11/09/2023	**Complete:**	Final
Specimen:			
Subject(Test Name):	TRANSFUSION MEDICINE		
Clinical Information:			

Group and Screen

ABO/RhD Group	A Rh(D) Pos
Ab screen result	Negative
Valid Date	18/09/2023
Validity comment:	If the patient has been transfused in the last 3 months, valid to date is shortened to 72 hours from transfusion or sample collection date, whichever occurs first.

Tests Pending: 25VitD,TSH,Vit B12,Ferritin,Hepatitis B Surface Antigen,Hepatitis C Antibody,Rubella IgG Serology,Syphilis Antibody,Varicella zoster IgG Serology,HIV Ag/Ab

Patient Name:	MCDONNELL, EMMA		
Patient Address:	15 DEWHURST STREET, NARRABRI 2390		
D.O.B:	15/02/1992	**Gender:**	F
Medicare No.:	2687710814	**IHI No.:**	
Lab. Reference:	6363617Z040	**Provider:**	SYDPATH
Addressee:	DR ROB PARSONS	**Referred by:**	Dr ROB PARSONS
Date Requested:	7/09/2023	**Date Performed:**	11/09/2023
Date Collected:	11/09/2023	**Complete:**	Final
Specimen:			
Subject(Test Name):	THYROID FUNCTION TESTS		
Clinical Information:			

	Current Result	Previous results for comparison only			
Date:	11/09/23	07/09/21	27/05/20		Reference
Time:	12:50	13:40	08:25		(for this
Request No.:	6363617	6201705	6171784	Units	collection)
Thyroid Testing (serum/plasma)					
TSH	0.91	1.13	1.25	mIU/L	0.40-4.80
TFT com.	TFTCOM1	TFTCOM1			

Comments: (11/09/2023 12:50 Episode No. 6363617)

TFTCOM1: THYROID FUNCTION TESTS: TSH, free T4 and free T3 measured using Beckman-Coulter method (Dr Graham Jones).

Tests Pending: 25VitD,Vit B12,Ferritin,Hepatitis B Surface Antigen,Hepatitis C Antibody,Rubella IgG Serology,Syphilis Antibody,Varicella zoster IgG Serology,HIV Ag/Ab

Patient Name:	MCDONNELL, EMMA		
Patient Address:	15 DEWHURST STREET, NARRABRI 2390		
D.O.B:	15/02/1992	**Gender:**	F
Medicare No.:	2687710814	**IHI No.:**	
Lab. Reference:	6363617Z047	**Provider:**	SYDPATH
Addressee:	DR ROB PARSONS	**Referred by:**	Dr ROB PARSONS
Date Requested:	7/09/2023	**Date Performed:**	11/09/2023
Date Collected:	11/09/2023	**Complete:**	Final
Specimen:			
Subject(Test Name):	IRON STUDIES		
Clinical Information:			

	Current Result	Previous results for comparison only				
Date:	11/09/23	14/02/22	07/09/21	27/05/20		Reference
Time:	12:50	08:30	13:40	08:25		(for this
Request No.:	6363617	6319149	6201705	6171784	Units	collection)
Iron Studies						
Ferritin serum	59	19	93	43	ug/L	15-150
Iron serum			20	24	umol/L	
Transferrin			2.6	3.3	g/L	
Transferrin satn			31	29	%	
Ferritin com.				FERCOM		

Tests Pending: 25VitD,Vit B12,Hepatitis B Surface Antigen,Hepatitis C Antibody,Rubella IgG Serology,Syphilis Antibody,Varicella zoster IgG Serology,HIV Ag/Ab

Patient Name:	MCDONNELL, EMMA		
Patient Address:	15 DEWHURST STREET, NARRABRI 2390		
D.O.B:	15/02/1992	**Gender:**	F
Medicare No.:	2687710814	**IHI No.:**	
Lab. Reference:	6363617Z048	**Provider:**	SYDPATH
Addressee:	DR ROB PARSONS	**Referred by:**	Dr ROB PARSONS
Date Requested:	7/09/2023	**Date Performed:**	11/09/2023
Date Collected:	11/09/2023	**Complete:**	Final
Specimen:			
Subject(Test Name):	B12 AND FOLATE		
Clinical Information:			

	Current Result	Previous results for comparison only		
Date:	11/09/23	07/09/21		Reference
Time:	12:50	13:40		(for this
Request No.:	6363617	6201705	Units	collection)
B12 and Folate				
Vitamin B12 serum	421	216	pmol/L	>140
Total B12 Comment	HIGHB12	HIGHB12		
Folate serum		>50.0	nmol/L	

Comments: (11/09/2023 12:50 Episode No. 6363617)

HIGHB12: VITAMIN B12. Total Vitamin B12 result greater than or equal to 200 pmol/L makes significant deficiency of vitamin B12 unlikely.

Tests Pending: 25VitD,Hepatitis B Surface Antigen,Hepatitis C Antibody,Rubella IgG Serology,Syphilis Antibody,Varicella zoster IgG Serology,HIV Ag/Ab

Patient Name:	MCDONNELL, EMMA		
Patient Address:	15 DEWHURST STREET, NARRABRI 2390		
D.O.B:	15/02/1992	**Gender:**	F
Medicare No.:	2687710814	**IHI No.:**	
Lab. Reference:	6363617S035	**Provider:**	SYDPATH
Addressee:	DR ROB PARSONS	**Referred by:**	Dr ROB PARSONS
Date Requested:	7/09/2023	**Date Performed:**	11/09/2023
Date Collected:	11/09/2023	**Complete:**	Final
Specimen:			
Subject(Test Name):	VARICELLA ZOSTER IGG SEROLOGY		
Clinical Information:			

Viral Serology (serum)

V. zoster IgG	**Detected**

Varicella zoster Comment

These results suggest recent or past infection or immunisation with Varicella zoster virus.

Tests Pending: 25VitD,Hepatitis B Surface Antigen,Hepatitis C Antibody,Rubella IgG Serology,Syphilis Antibody,HIV Ag/Ab

Patient Name:	MCDONNELL, EMMA		
Patient Address:	15 DEWHURST STREET, NARRABRI 2390		
D.O.B:	15/02/1992	**Gender:**	F
Medicare No.:	2687710814	**IHI No.:**	
Lab. Reference:	6363617Z004	**Provider:**	SYDPATH
Addressee:	DR ROB PARSONS	**Referred by:**	Dr ROB PARSONS
Date Requested:	7/09/2023	**Date Performed:**	11/09/2023
Date Collected:	11/09/2023	**Complete:**	Final
Specimen:			
Subject(Test Name):	ENDOCRINOLOGY		
Clinical Information:			

	Current Result	Previous results for comparison only		
Date:	11/09/23			Reference
Time:	12:50			(for this
Request No.:	6363617		Units	collection)
Endocrinology				
25 OH Vitamin D	90		nmol/L	50-150
Vitamin D comment	25DCOM			

Comments: (11/09/2023 12:50 Episode No. 6363617)

25DCOM: Vitamin D clinical decision point for 25-hydroxy vitamin D:
(Med J Aust 2005;182:281-5)
Mild deficiency: 25 - 50 nmol/L
Moderate deficiency:13 - 25 nmol/L
Severe deficiency: < 13 nmol/L

Tests Pending: Hepatitis B Surface Antigen,Hepatitis C Antibody,Rubella IgG Serology,Syphilis Antibody,HIV Ag/Ab

Patient Name:	MCDONNELL, EMMA		
Patient Address:	15 DEWHURST STREET, NARRABRI 2390		
D.O.B:	15/02/1992	**Gender:**	F
Medicare No.:	2687710814	**IHI No.:**	
Lab. Reference:	6363617S002	**Provider:**	SYDPATH
Addressee:	DR ROB PARSONS	**Referred by:**	Dr ROB PARSONS
Date Requested:	7/09/2023	**Date Performed:**	11/09/2023
Date Collected:	11/09/2023	**Complete:**	Final
Specimen:			
Subject(Test Name):	HEPATITIS B SURFACE ANTIGEN		
Clinical Information:			

Hepatitis Serology (serum)
Hepatitis B Surface Antigen NonReactive

Patient Name:	MCDONNELL, EMMA		
Patient Address:	15 DEWHURST STREET, NARRABRI 2390		
D.O.B:	15/02/1992	**Gender:**	F
Medicare No.:	2687710814	**IHI No.:**	
Lab. Reference:	6363617S005	**Provider:**	SYDPATH
Addressee:	DR ROB PARSONS	**Referred by:**	Dr ROB PARSONS
Date Requested:	7/09/2023	**Date Performed:**	11/09/2023
Date Collected:	11/09/2023	**Complete:**	Final
Specimen:			
Subject(Test Name):	HEPATITIS C ANTIBODY MEASUREMENT		
Clinical Information:			

Hepatitis Serology (serum)

Hepatitis C Antibody	NonReactive
HCV Comment:	No serological evidence of HCV infection. If clinically indicated, it is recommended a serum sample be collected in 2 months for further anti-HCV testing or a HCV RNA PCR test be performed.

Patient Name:	MCDONNELL, EMMA		
Patient Address:	15 DEWHURST STREET, NARRABRI 2390		
D.O.B:	15/02/1992	**Gender:**	F
Medicare No.:	2687710814	**IHI No.:**	
Lab. Reference:	6363617S006	**Provider:**	SYDPATH
Addressee:	DR ROB PARSONS	**Referred by:**	Dr ROB PARSONS
Date Requested:	7/09/2023	**Date Performed:**	11/09/2023
Date Collected:	11/09/2023	**Complete:**	Final
Specimen:			
Subject(Test Name):	RUBELLA IGG SEROLOGY		
Clinical Information:			

Viral Serology (serum)

```
Rubella IgG          15.3  IU/mL
Rubella IgG Interp Immune

Rubella Comment

 0.0-4.9      IU/mL  Non Immune
5.0-9.9      IU/mL  Equivocal
10.0-500.0   IU/mL  Immune
Indicates current or past infection or immunisation.
```

Patient Name:	MCDONNELL, EMMA		
Patient Address:	15 DEWHURST STREET, NARRABRI 2390		
D.O.B:	15/02/1992	**Gender:**	F
Medicare No.:	2687710814	**IHI No.:**	
Lab. Reference:	6363617S009	**Provider:**	SYDPATH
Addressee:	DR ROB PARSONS	**Referred by:**	Dr ROB PARSONS
Date Requested:	7/09/2023	**Date Performed:**	11/09/2023
Date Collected:	11/09/2023	**Complete:**	Final
Specimen:			
Subject(Test Name):	SYPHILIS ANTIBODY		
Clinical Information:			

Bacterial Serology (serum)

Syphilis TP CMIA	NonReactive

Syphilis Comment: No serological evidence of recent or past syphilis infection. Please send a serum 14-21 days after onset of symptoms if infection is clinically indicated.

Patient Name:	MCDONNELL, EMMA		
Patient Address:	15 DEWHURST STREET, NARRABRI 2390		
D.O.B:	15/02/1992	**Gender:**	F
Medicare No.:	2687710814	**IHI No.:**	
Lab. Reference:	6363617S042	**Provider:**	SYDPATH
Addressee:	DR ROB PARSONS	**Referred by:**	Dr ROB PARSONS
Date Requested:	7/09/2023	**Date Performed:**	11/09/2023
Date Collected:	11/09/2023	**Complete:**	Final
Specimen:			
Subject(Test Name):	HIV AG/AB		
Clinical Information:			

HIV Serology
NSW STATE REF LAB FOR HIV

HIV Ag/Ab Non Reactive

HIV Comment

Antibodies to HIV-1 and HIV-2 and/or HIV p24 antigen NOT detected. A non reactive HIV antibody test does not necessarily exclude the possibility of exposure to, or infection with, HIV. If this serum was taken less than 3 months after a suspected exposure, this patient should be retested after that time. The impact of any recent antiretroviral therapy is unknown. For information about sexually transmitted infections and HIV for doctors and patients, visit www.health.nsw.gov.au/publichealth/sexual health or call NSW Sexual Health Infoline 1800 451 624.

Patient Name:	MCDONNELL, EMMA		
Patient Address:	15 DEWHURST STREET, NARRABRI 2390		
D.O.B:	15/02/1992	**Gender:**	F
Medicare No.:	2687710814	**IHI No.:**	
Lab. Reference:	6363681Z017	**Provider:**	SYDPATH
Addressee:	DR ROB PARSONS	**Referred by:**	Dr ROB PARSONS
Date Requested:	7/09/2023	**Date Performed:**	12/09/2023
Date Collected:	12/09/2023	**Complete:**	Final
Specimen:			
Subject(Test Name):	MOLECULAR DIAGNOSTICS		
Clinical Information:			

Chlamydia trachomatis DNA
Other CT PCR

SPEC TYPE	Mid Stream Urine
OTHER CHLAM PCR	Not Detected

The Roche Cobas 6800 CT/NG PCR Test simultaneously detects Chlamydia trachomatis and Neisseria gonorrhoea DNA in first-catch urine, clinician or self-collected vaginal swabs, endocervical, oropharyngeal, and anorectal swabs, and cervical specimens collected into ThinPrep solution.

For information about sexually transmitted infections and HIV for doctors and patients, visit www.health.nsw.gov.publichealth/sexualhealth or call NSW Sexual Health Infoline 1800 451 624.

Neisseria gonorrhoea DNA
Other GC PCR

MCG SPEC TYPE OTH	Mid Stream Urine
OTHER GONO PCR	Not Detected

Tests Pending: Urine Culture

Patient Name:	MCDONNELL, EMMA		
Patient Address:	15 DEWHURST STREET, NARRABRI 2390		
D.O.B:	15/02/1992	**Gender:**	F
Medicare No.:	2687710814	**IHI No.:**	
Lab. Reference:	6363681M165-1	**Provider:**	SYDPATH
Addressee:	DR ROB PARSONS	**Referred by:**	Dr ROB PARSONS
Date Requested:	7/09/2023	**Date Performed:**	12/09/2023
Date Collected:	12/09/2023	**Complete:**	Final
Specimen:			
Subject(Test Name):	URINE CULTURE		
Clinical Information:			

Urine Culture
Anatomical Site: Urine
Accession No: M2396461 A

Urine Dipstick Chemistry:

Glucose	Negative	
Haemoglobin	Negative	
pH	6.5	[5.0-8.0]
Protein	Negative	

Urine Microscopy:

Polymorphs	<10 x10^6/L
Red cells	10-100 x10^6/L
Epithelial Cells	10-100 x10^6/L
Casts	Negative
Crystals	Negative

Culture:
No significant growth.

Patient Name:	MCDONNELL, EMMA		
Patient Address:	15 DEWHURST ST, NARRABRI 2390		
D.O.B:	15/02/1992	**Gender:**	F
Medicare No.:	2687710816	**IHI No.:**	
Lab. Reference:	23-25257313-MSS-0	**Provider:**	Laverty Pathology
Addressee:	DR ROBERT PARSONS	**Referred by:**	DR. ROBERT PARSONS
Date Requested:	7/09/2023	**Date Performed:**	10/10/2023
Date Collected:	10/10/2023	**Complete:**	Final
Specimen:			
Subject(Test Name):	MATERNAL SERUM SCREENING (MSS-0)		
Clinical Information:			

FIRST TRIMESTER SCREEN

Clinical Information

Date of sample	:	10/10/2023
LMP	:	Not Provided
US EDD	:	Not Provided
Gestational Age	:	Not Provided
Scan Date	:	Not Provided

Serum Markers (Brahms Kryptor)

Free B HCG	:	37.88	IU/L
PAPP - A	:	6.48	IU/L
PlGF	:	40.5	ng/L
AFP	:	8.5	ug/L

Interpretation:

For Trisomy risk assessment, combine maternal serum markers with a nuchal translucency measurement by ultrasound performed at 11w-13w6d.

Neural tube defect risk assessment with AFP is preferable during the second trimester (14-17 wks).

If MoM results are required, please contact the Special Chemistry laboratory on 02 9005 7242 to arrange an additional information form.

PlGF Reference Intervals:

	PlGF (ng/L)	
Gestational age (completed weeks)	5th Percentile	95th Percentile
8	9.3	28.9
9	11.7	37.8
10	16.2	55.0
11	19.0	61.0
12	21.3	96.7
13	25.2	100.4
14	34.3	132.0

Reference intervals sourced from the assay manufacturer.

Requested Tests : MSS

Patient Name:	MCDONNELL, EMMA		
Patient Address:	15 DEWHURST STREET, NARRABRI 2390		
D.O.B:	15/02/1992	**Gender:**	F
Medicare No.:	2687710816	**IHI No.:**	
Lab. Reference:	6366808C144	**Provider:**	SYDPATH
Addressee:	DR ROB PARSONS	**Referred by:**	Dr ROB PARSONS
Date Requested:	19/10/2023	**Date Performed:**	2/11/2023
Date Collected:	2/11/2023	**Complete:**	Final
Specimen:			
Subject(Test Name):	GTT		
Clinical Information:			

	Current Result	Previous results for comparison only			
Date:	02/11/23	07/02/22			Reference (for this collection)
Time:	07:50	09:36			
Request No.:	6366808	6318695		Units	
Glucose Tolerance Test					
Glucose (fasting)	4.8	4.3		mmol/L	3.0-5.5
Glucose 1 hour	5.6	8.6		mmol/L	
Glucose 2 hour	4.8	**8.5 H**		mmol/L	0.0-7.7
GTT interpretatio	GTTPN2014	GTTGDM2014			
Glucose ingested	75	75		grams	

Comments: (02/11/2023 07:50 Episode No. 6366808)

GTTPN2014: GLUCOSE TOLERANCE TEST IN PREGNANCY: Plasma glucose fasting <5.1 and 1 hour <10.0 and 2 hour <8.5 mmol/L is a normal response (ADIPS criteria 2014).