



19/02/2024

Elke JACOBSEN 14 Doody Street NARRABRI 2390

Dear Elke

Your Pathology Results

Please find enclosed a copy of the pathology test results from your recent firefighter pre-employment health assessment. The results have been checked by the Fire & Rescue NSW Occupational Physician with the following remarks.

Test	Normal	Minor abnormality	Abnormal	Comment
Urea, electrolytes creatinine (UEC)	\boxtimes			
Full blood count (FBC)	\boxtimes			
Liver function tests (LFT)		\boxtimes		
Fasting lipids	\boxtimes			
Fasting blood glucose	\boxtimes			
Urinalysis				n/a
Other:				n/a

- Where results have been marked **Abnormal**, it is strongly advised that you take these results to your General Practitioner (GP) for appropriate review and follow up.
- Where results have been marked Normal or Minor abnormality (it is not uncommon for healthy people to have results just outside the reference ranges), it is still recommended you give these results to your GP to keep on your personal medical file.

Should a report be required from your GP in relation to any abnormal results, specific correspondence will be provided separately.

Yours sincerely

Suhune

Dr Sandra McBurnie FRNSW Occupational Physician

Fire and Rescue NSW ABN 12 593 473 110 healthandsafety@fire.nsw.gov.au

People and Culture DirectorateLocked Bag 12T 02 9265 2800Health and Safety BranchGreenacre NSW 2190F 02 9265 2986

www.fire.nsw.gov.au Page 1 of 1
Sensitive: Personal



RESULTS ENQUIRIES 13 39 36





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Report to FRNSW OCC PHYSICIAN

Fire & Rescue Nsw Health & Safety Branch Locked Mail Bag 12 **GREENACRE 2190**

Patient JACOBSEN, ELKE

14 DOODY ST NARRABRI 2390

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Phone D.O.B

0411209875

16/11/90

Age

Sex F 33 Years

Ref. by/copy to Ref. by DR.PETER ONAIYEKAN

NAMOI MEDICAL SERVICES NARRABRI, 2390

Collect date 25/01/24 Collect time 00:00

Lab ref Your ref

24-25952054

Phone: 0267924333

Tests requested All requested tests have been reported. Completed - CHEM, LIP, HEP, FBE, GLU, ECG

Printed 26/01/24

FIRE & RESCUE NSV

Clinical notes

Electrocardiogram Report

59 /min HR

Intervals

ORS

130 ms

80 ms

QT QTC 440 ms 439 ms

Sinus rhythm. Normal ECG.

Reported by DR RENA ZIMMET

Authorised by: Dr Harry Mond

Cardioscan Pty Ltd

SURGERY USE

Normal

No Action/File

Make Appoint.

Further Tests

Notes Required Speak

with Dr. On Correct

Ref. by DR.PETER ONAIYEKAN

31691-5



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FRNSW OCC PHYSICIAN

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Patient JACOBSEN, ELKE

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Page 1 of 3

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Age 33 Years

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Collect time

Collect date

Lab ref 25/01/24 Your ref 00:00

24-25952054

Printed 26/01/24

Tests requested Pending - ECG*

Completed - CHEM, LIP, HEP, FBE, GLU

Clinical notes

SERUM CHEMISTRY Specimen Type: Serum Nil Haemolysis Nil Icterus Lipaemia Nil (135-145)Sodium 142 mmol/L mmol/L (3.6-5.4)Potassium 4.4 Chloride 102 mmol/L (95-110)Bicarbonate 24 mmol/L (22 - 32)Anion Gap 20 mmol/L (10-20)2.9 Urea mmol/L (2.5-8.0)70 umol/L (45 - 90)Creatinine eGFR 90 $mL/min/1.73m^2$ 20* (< 15)Bilirubin umol/L U/L AST 21 (< 30)ALT U/L (< 30)U/L GGT 10 (< 30)37 U/L Alkaline Phosphatase (20-105)g/L Protein 69 (60 - 82)Albumin 48 g/L (38-50)Globulin 21 (20 - 39)g/L

eGFR >=90 mL/min/1.73m² usually indicates normal kidney function but does not exclude patients with early kidney damage (those with albuminuria, haematuria or abnormal kidney imaging).

SERUM/PLASMA GLUCOSE

Fasting status

Fasting

Serum

4.7 mmol/L (3.4-5.4)

Normal glucose concentration.

HEPATITIS SEROLOGY

Hepatitis B Surface Antibody

186

mIU/mL

Immune to Hepatitis B virus. NHMRC guidelines no longer recommend routine booster doses of hepatitis vaccine. Booster doses are recommended for immunosuppressed individuals such as those with HIV infection, or renal failure.

All testing performed on serum or plasma unless otherwise specified.

SURGERY USE

Normal

No Action/File

Patient Notified

Appoint. Further Tests

Required

Speak with Dr.

Ref. by DR.PETER ONAIYEKAN On Correct 27414-199



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FRNSW OCC PHYSICIAN Fire & Rescue Nsw Health & Safety Branch Locked Mail Bag 12 **GREENACRE 2190**

Patient JACOBSEN, ELKE 14 DOODY ST NARRABRI 2390

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Phone 0411209875

D.O.B 16/11/90 Age 33 Years

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NAMOI MEDICAL SERVICES NARRABRI, 2390 Phone: 0267924333

Collect date 25/01/24 Collect time 00:00

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Printed 26/01/24

Report to

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Clinical notes

LIPID STUDIES

Specimen Type: Serum

Reference intervals are included for reference only, and interpretation / treatment goals should be guided by patient-specific cardiovascular risk assessment (see Australian Cardiovascular Risk Charts. Alternatively, the web-site www.cvdcheck.orq.au can be accessed in order to complete a risk assessment for individual patients.)

Haemolysis	Nil
Icterus	Nil
Lipaemia	Nil

Fasting status	Fasting		
Total Cholesterol	5.0	mmol/L	(3.6-5.2)
Triglycerides	0.8	mmol/L	(0.5-1.7)
HDL Cholesterol	1.5	mmol/L	(1.0-2.0)
LDL Cholesterol	3.1	mmol/L	(1.5-3.4)
Non-HDL Cholesterol	3.5*	mmol/L	(< 3.4)
Cholesterol/HDL-C Ratio	3.3		(< 4.5)

NVDPA TARGET LIPID RANGES (MMOL/L) FOR PATIENTS AT HIGH / MODERATE RISK OF CARDIOVASCULAR DISEASE:

TOTAL CHOLESTEROL	<4.0
TRIGS (FASTING)	<2.0
HDL-C	>= 1.0
LDL-C	<2.0
NON HDL-C	<2.5

LDL-C exceeds target for higher risk patients and may be excessive in some individuals.

SURGERY USE

No Action/File

Make

Appoint.

Required

with Dr.

On Correct Treatment



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HAEMATOLOGY

Date Collected 25 Jan 24 Time Collected 00:00

Specimen Type: EDTA

Hb		g/L	(115-165)	WBC		x10 ⁹ /L	(4.0-11.0)
RCC	5.0	$x10^{12}/L$	(3.9-5.8)	Neut		$x10^{9}/L$	(2.0-7.5)
Hct	0.44		(0.34 - 0.47)	Lymp		$x10^{9}/L$	(1.0-4.0)
MCV	88	fL	(79 - 99)	Mono	0.4	x10 ⁹ /L	(0.2-1.0)
MCH	30	pg	(27-34)	Eos	0.1	$x10^{9}/L$	(< 0.7)
MCHC	343	g/L	(320-360)	Baso	0.1	$x10^{9}/L$	(< 0.2)
RDW	11.9	양	(10.0-17.0)				
Plat	218	x10 ⁹ /L	(150-400)				

HAEMATOLOGY: FBC parameters are within reference range.

SURGERY USE

Normal

No Action/File

Notified

Make Appoint.

Further Tests

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On Correct Treatment

27414-199