

Report to	HAYNE, LISA Shop 7, 63-65 Maitland St , Narrabri, NSW, 2390	Patient	RODGERS, TEGAN 393 WALLANOLL RD MOREE NSW 2400
		Phone	
		D.O.B	16/08/1990
		Age	33 years
		Sex	F
Ref. by/copy to	HAYNE, LISA	Collect date	18/03/2024
		Collect time	08:19 AM
		Reported	19/03/2024
Tests requested	INS, A1C, HOR, I12, TFT	Lab ref	24-26923547
		Your ref	
			09:35 AM
Clinical notes			

SERUM INSULIN

Fasting status	Fasting
Haemolysis	1+
Insulin	6 mU/L (< 10)

ASSESSMENT OF INSULIN RESISTANCE (FASTING SAMPLES ONLY)

- < 10 - normal insulin sensitivity
- 10-14 - mild insulin resistance
- > 14 - insulin resistance

Insulin results from non-fasting samples are difficult to interpret although any result >= 60 mU/L is likely to indicate insulin resistance.

**SURGERY
USE**

Normal

No Action/File

Patient
Notified

Make
Appoint.

Further Tests

Notes
Required

Speak
with Dr.

On Correct
Treatment

Report to **HAYNE, LISA**
Shop 7, 63-65 Maitland St
, Narrabri, NSW, 2390

Patient **RODGERS, TEGAN**
393 WALLANOLL RD MOREE NSW 2400

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GLYCATED HAEMOGLOBIN (HbA1c)

Specimen Type: EDTA

HbA1c- NGSP	5.1	%	(4.0-6.0)
HbA1c- IFCC	32	mmol/mol	(20-42)

The WHO recommends that an HbA1c cut-off of $\geq 6.5\%$ (48 mmol/mol) is used to diagnose type 2 diabetes.

While it is recognised that HbA1c levels approaching this cut-off place patients at increasingly higher risk of developing diabetes ($<6.5\%$), there is no consensus as to exactly which cut-off at the lower end of the continuum to use for categorising patients as high risk. Various groups quote lower limits for at-risk patients that vary between 5.5% and 6.0% (37 and 42 mmol/mol).

Please note that HbA1c should not be used for diagnosing diabetes mellitus in the following circumstances:

- Children and young people
- Pregnancy - current or within the past 2 months
- Suspected Type 1 diabetes mellitus
- Symptoms of diabetes for <2 months
- Patients who are acutely ill
- Patients taking drugs that can cause rapid onset hyperglycaemia such as corticosteroids, antipsychotic drugs
- Acute pancreatic damage or pancreatic surgery
- Kidney failure
- Patients being treated for HIV infection

Please be cautious when requesting or interpreting HbA1c when patients:

- May have an abnormal haemoglobin
- May be anaemic
- May have an altered red cell lifespan (e.g. post-splenectomy)
- May have had a recent blood transfusion

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SERUM HORMONE PROFILE

Specimen Type: Serum
Request Date
Number Collected
26923547 18 Mar 24

	FSH IU/L	LH IU/L	PROG nmol/L	E2(ATEL) pmol/L	E2(BECK) pmol/L	LH/FSH Ratio
Reference Ranges	FSH	LH	PROG	OESTRADIOL		
Follicular	2-12	2-12	0.5-4.5	100-530		
Midcycle	12-30	>15		235-1300		
Luteal	2-12	2-15	10.6-89.1	205-790		
Menopausal	>25	>10		<100		
Prepubertal	<6	<4				

PLEASE NOTE:

'E2 (ATEL)' - Oestradiol by Siemens Atellica assay
'E2 (BECK)' - Oestradiol by Beckman Access assay

SERUM VITAMIN B12

Request Number 26923547
Date Collected 18 Mar 24
Time Collected 08:19

B12 (156-740) pmol/L 296

THYROID PROFILE

Specimen Type: Serum
TSH 2.3 mIU/L (0.5-4.0)
FT4 14 pmol/L (10-20)
FT3 5.5 pmol/L (3.5-6.5)

Result(s) consistent with euthyroidism.

Please note the above reference intervals have been developed from a non-pregnant healthy general population study.

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