4Cyte Pathology

Tel: 13 4CYTE
13 42 98
www.4Cyte.com.au

Medicare Number: 2353 29084 2 / 6

Patient Last Name / Address: Hleis, Seba

Given Names:

Sex: F

Date of Birth: 09/07/1992

Your Ref: 878264264068

100 Chaseling Street,
Greenacre. 2190

Tel (Home): 0414 763 708

Tel (Bus):

Tests Requested

Female hormone profile, prolactin

Fasting -
Non Fasting -
Pregnant -
HormTherapy -
LMP / /
EDC / /

Cervical Cytology

Cervix -
Vaginal Vault -
Endometrium -
Other -
Post Natal -
PostMenopausal -
Radio Therapy -
IUCD -
Abn Bleeding -
Cx Benign -
Cx Suspicious -

Clinical Notes

Lab Use Only

Do not send reports to My Health Record ☐

Urgent ☐ Phone ☐ Fax ☐ By Time:

Phone/Fax No: - -

Private ☐ Schedule ☐ Bulk Bill ☐

Vet Affairs/Work Comp No: - - -

I assign my right to benefits to the approved pathology practitioner who will render the requested pathology services and any eligible pathologist determinable services. Your doctor has requested tests according to clinical need. Some of these tests may not be eligible for Medicare rebate for which you will receive an account.

Patient Signature and Date:

✓ ..... Date: .....

Doctor Signature & Date:

✓ 17/01/2024

ACC STAMP

Copy Reports To:

Requesting Practitioner

Dr Mahmoud Awad
3/139-143 Waterloo Rd,
Greenacre. 2190
Phone: 02 9759 7201
Provider Number: 514062EH

Collector Signature I certify that I collected the accompanying sample from the above patient whose identity I confirmed by enquiry and then labelled the sample immediately following collection:

✓ .....

Collected By:

Collect Date: ☐☐/☐☐/☐☐

Collect Time: ☐☐:☐☐

Citrate	ACD	Plain	SST	Li Hep	EDTA	Trace	Fl Ox
Spot U	24H U	Faeces	LBC	Sterile	Swab	Histo	Other

4Cyte Pathology

Tel: 13 42 98 www.4Cyte.com.au

LIFT Last: First: Seba Hleis D.O.B.: 09/07/1992

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LIFT Last: First: Seba Hleis D.O.B.: 09/07/1992 LIFT

Your treating practitioner has recommended that you use 4Cyte Pathology. You are free to choose your own pathology provider. However, if your treating practitioner has specified a particular pathologist on clinical grounds, a Medicare rebate will only be payable if that pathologist performs the service. You should discuss this with your treating practitioner. **PRIVACY NOTE:** The information provided will be used to verify your name, DOB and details with Medicare, assess any Medicare benefit payable for the services rendered and to facilitate the proper administration of government health programs, and may be used to update enrolment records. Its collection is authorised by provisions of the Health Insurance Act 1973. The information may be disclosed to the Department of Health or to a person in the medical practice associated with this claim, or as authorised/required by law.

2353 29084 2 / 6

878264264068

Hleis, Seba

F 09/07/1992

0414 763 708

100 Chaseling Street,
Greenacre. 2190

Female hormone profile, prolactin

Requesting Practitioner

Dr Mahmoud Awad
3/139-143 Waterloo Rd,
Greenacre. 2190
Phone: 02 9759 7201
Provider Number: 514062EH

Patient Name:	HLEIS, SEBA		
Patient Address:	100 CHASELING STREET, GREENACRE 2190		
D.O.B:	9/07/1992	**Gender:**	F
Medicare No.:	23532908426	**IHI No.:**	
Lab. Reference:	24-80129145-THM-0	**Provider:**	4Cyte Pathology
Addressee:	DR MAHMOUD AWAD	**Referred by:**	Dr MAHMOUD AWAD
Date Requested:	6/01/2024	**Date Performed:**	12/01/2024
Date Collected:	12/01/2024	**Complete:**	No
Specimen:			
Subject(Test Name):	THYROID		
Clinical Information:			

Clinical Notes: subfertility
Pathologist: A/Prof P. Stewart

Thyroid (Serum)

Coll Date:	**12/01/24**			
Coll Time:	**11:05**			
Lab Number:	**80129145**			
TSH	3.71		(0.50-4.00)	mIU/L
Free T4	12.5		(10.0-22.7)	pmol/L
TPO Ab	479.0	H	(< 60.0)	IU/mL

Euthyroid.

Tests to follow: All Tests now completed

Patient Name:	HLEIS, SEBA		
Patient Address:	100 CHASELING STREET, GREENACRE 2190		
D.O.B:	9/07/1992	**Gender:**	F
Medicare No.:	23532908426	**IHI No.:**	
Lab. Reference:	24-80129145-NAM-0	**Provider:**	4Cyte Pathology
Addressee:	DR MAHMOUD AWAD	**Referred by:**	Dr MAHMOUD AWAD
Date Requested:	6/01/2024	**Date Performed:**	12/01/2024
Date Collected:	12/01/2024	**Complete:**	No
Specimen:			
Subject(Test Name):	NUCLEAR ANTIBODIES		
Clinical Information:			

Clinical Notes: subfertility
Pathologist: Prof D. Fulcher

Nuclear Antibodies (Serum)

Coll Date:	**12/01/24**	
Coll Time:	**11:05**	
Lab Number:	**80129145**	
ANA	Negative	(Screen 1:160)

Tests to follow: All Tests now completed

Patient Name:	HLEIS, SEBA		
Patient Address:	100 CHASELING STREET, GREENACRE 2190		
D.O.B:	9/07/1992	**Gender:**	F
Medicare No.:	23532908426	**IHI No.:**	
Lab. Reference:	24-80129145-HPM-0	**Provider:**	4Cyte Pathology
Addressee:	DR MAHMOUD AWAD	**Referred by:**	Dr MAHMOUD AWAD
Date Requested:	6/01/2024	**Date Performed:**	12/01/2024
Date Collected:	12/01/2024	**Complete:**	No
Specimen:			
Subject(Test Name):	FULL BLOOD COUNT		
Clinical Information:			

Clinical Notes: subfertility

Full Blood Count (Whole Blood)

Coll Date:	**12/01/24**		
Coll Time:	**11:05**		
Lab Number:	**80129145**		
HAEMOGLOBIN	136	(115-165)	g/L
RBC	4.8	(3.8-5.8)	10^12/L
HCT	0.39	(0.32-0.46)	
MCV	81.9	(80.0-100.0)	fL
MCH	28	(26-32)	pg
MCHC	347	(300-360)	g/L
RDW	13.9	(< 15.1)	%
WCC	7.2	(4.0-11.0)	10^9/L
Neutrophils	4.3	(2.0-8.0)	10^9/L
Lymphocytes	2.2	(1.0-4.0)	10^9/L
Monocytes	0.4	(0.2-1.0)	10^9/L
Eosinophils	0.2	(< 0.8)	10^9/L
Basophils	0.0	(< 0.2)	10^9/L
PLATELETS	275	(150-400)	10^9/L
MPV	8.4	(6.5-14.0)	fL

FBC parameters normal.

Tests to follow: All Tests now completed

Patient Name:	HLEIS, SEBA		
Patient Address:	100 CHASELING STREET, GREENACRE 2190		
D.O.B:	9/07/1992	**Gender:**	F
Medicare No.:	23532908426	**IHI No.:**	
Lab. Reference:	24-80129145-HOR-0	**Provider:**	4Cyte Pathology
Addressee:	DR MAHMOUD AWAD	**Referred by:**	Dr MAHMOUD AWAD
Date Requested:	6/01/2024	**Date Performed:**	12/01/2024
Date Collected:	12/01/2024	**Complete:**	No
Specimen:			
Subject(Test Name):	HORMONES		
Clinical Information:			

Clinical Notes: subfertility
Pathologist: A/Prof P. Stewart

Reproductive Hormones (Serum)

Coll Date:	**12/01/24**			
Coll Time:	**11:05**			
Lab Number:	**80129145**			
LH	13.8			U/L
FSH	5.3			IU/L
LH/FSH Ratio	2.6	H	(< 2.0)	
Oestradiol	638			pmol/L
Androstenedione	19.0	H	(1.7-16.4)	nmol/L
DHEAS	6.6		(0.7-12.0)	umol/L
Testosterone	1.3		(0.3-1.8)	nmol/L
SHBG	53		(11-180)	nmol/L
Prolactin	306		(60-600)	mIU/L
Bioav. Testo.	0.4			nmol/L
FAI	2.4		(0.3-9.8)	%

	Luteal	Mid cycle	Follic.	Pregnant	Menopause
LH	0.5-17.0	9.0-76.0	2.0-12.0	<0.1-1.5	16.0-54.0
FSH	1.5-9.0	3.0-33.0	2.5-10.0	<0.3	23.0-116.0
E2	285-786	235-1309	72-529		<118
PRG	10.0-80.0	14.1-89.1	<4.5		<2.3

Bioavailable Testosterone Reference Intervals
Pre-menopausal (0.1-0.9)
Post-menopausal (0.1-0.7)

FAI Reference Intervals
Pre-menopausal (0.3-9.8)
Post-menopausal (0.2-5.9)

Tests to follow: All Tests now completed

Patient Name:	HLEIS, SEBA		
Patient Address:	100 CHASELING STREET, GREENACRE 2190		
D.O.B:	9/07/1992	**Gender:**	F
Medicare No.:	23532908426	**IHI No.:**	
Lab. Reference:	24-80129145-FEM-0	**Provider:**	4Cyte Pathology
Addressee:	DR MAHMOUD AWAD	**Referred by:**	Dr MAHMOUD AWAD
Date Requested:	6/01/2024	**Date Performed:**	12/01/2024
Date Collected:	12/01/2024	**Complete:**	No
Specimen:			
Subject(Test Name):	IRON STUDIES		
Clinical Information:			

Clinical Notes: subfertility

Iron Studies (Serum)

Coll Date:	**12/01/24**		
Coll Time:	**11:05**		
Lab Number:	**80129145**		
Ferritin	48	(30-200)	ug/L
Iron	14	(9-30)	umol/L
Transferrin	2.8	(2.0-3.6)	g/L
Transferrin Sat.	20	(15-50)	%

Tests to follow: All Tests now completed