

# Patient Health Summary

Name: Lisa Mathews  
Address: 9 Deieso Court  
Newton 5074  
D.O.B.: 25/03/1978  
Record No.: 5771  
Home Phone:  
Work Phone:  
Mobile Phone: 0419 857 800

Choice Of Living Health Centre  
78 Muller Road  
Greenacres 5086  
83678228

Printed on 17th April 2024

## Investigations:

MATHEWS, LISA  
9 DE IESO CT, NEWTON. 5074  
Phone: 0419857800  
Birthdate: 25/03/1978 Sex: F Medicare Number: 51033936092  
Your Reference: 00330179 Lab Reference: 23-075-04875#HAE-YC1  
Laboratory: SA Pathology  
Addressee: DR KATHY WALLACE Referred by: DR GIRIJA VIJAY

Name of Test: Haematology: Complete Blood Examination  
Requested: 17/02/2023 Collected: 16/03/2023 Reported: 17/03/2023 13:20

SA Pathology  
Accession No : 23-075-04875  
Referred By : DR GIRIJA VIJAY  
Report Generated: 17/03/2023 13:20

Clinical Notes  
GEN CHECK

## General Haematology

Collection Date	16-Mar-23	Reference	Units
Collection Time	09:57		
Haemoglobin	119	[115-155]	g/L
White Cell Count	6.26	[4.00-11.00]	$\times 10^9/L$
Platelet Count	304	[150-450]	$\times 10^9/L$
Red Cell Count	3.94	[3.80-5.20]	$\times 10^{12}/L$
Haematocrit	0.35	[0.35-0.45]	L/L
MCV	89.8	[80.0-98.0]	fL
MCH	30	[27-33]	pg
MCHC	336	[310-360]	g/L
RDW	12.2	[12.0-15.0]	%
* Mean Platelet Volume	9.20 L	[9.50-13.00]	fL
Neutrophils	3.96	[1.80-7.50]	$\times 10^9/L$
Neutrophils %	63		%
Lymphocytes	1.61	[1.10-3.50]	$\times 10^9/L$
Lymphocytes %	26		%
Monocytes	0.57	[0.20-0.80]	$\times 10^9/L$
Monocytes %	9		%
Eosinophils	0.08	[0.02-0.50]	$\times 10^9/L$
Eosinophils %	1		%
Basophils	0.04	[ $\leq 0.10$ ]	$\times 10^9/L$
Basophils %	1		%

This request has other tests in progress at the time of reporting.

Unless specified, testing has been performed on serum/plasma, general  
Haematology on whole blood.  
Legend: C=Critical, H=High, L=Low, A=Abnormal  
For enquiries phone 8222 3000 NATA: 2348

MATHEWS, LISA  
9 DE IESO CT, NEWTON. 5074  
**Phone:** 0419857800  
**Birthdate:** 25/03/1978 **Sex:** F **Medicare Number:** 51033936092  
**Your Reference:** 00330179 **Lab Reference:** 23-075-04876#CHE-YQ9  
**Laboratory:** SA Pathology  
**Addressee:** DR KATHY WALLACE **Referred by:** DR GIRIJA VIJAY

**Name of Test:** Chemistry: Glucose  
**Requested:** 17/02/2023 **Collected:** 16/03/2023 **Reported:** 17/03/2023 13:20

**SA Pathology**  
Accession No : 23-075-04876  
Referred By : DR GIRIJA VIJAY  
Report Generated: 17/03/2023 13:20

**Clinical Notes**  
GEN CHECK

**General Chemistry**

Collection Date	16-Mar-23	Reference	Units
Collection Time	09:56		
Fasting	Yes		
Glucose	4.6	[3.2-5.5]	mmol/L

All tests on this request have been completed

Unless specified, testing has been performed on serum/plasma, general  
Haematology on whole blood.  
Legend: C=Critical, H=High, L=Low, A=Abnormal  
For enquiries phone 8222 3000 NATA: 2348

MATHEWS, LISA  
9 DE IESO CT, NEWTON. 5074  
**Phone:** 0419857800  
**Birthdate:** 25/03/1978 **Sex:** F **Medicare Number:** 51033936092  
**Your Reference:** 00330179 **Lab Reference:** 23-075-04875#BAF-EV4  
**Laboratory:** SA Pathology  
**Addressee:** DR KATHY WALLACE **Referred by:** DR GIRIJA VIJAY

**Name of Test:** B12 and Folate: Vitamin B12  
**Requested:** 17/02/2023 **Collected:** 16/03/2023 **Reported:** 17/03/2023 13:21

**SA Pathology**  
Accession No : 23-075-04875  
Referred By : DR GIRIJA VIJAY  
Report Generated: 17/03/2023 13:21

**Clinical Notes**  
GEN CHECK

**B12 and Folate**

Collection Date	16-Mar-23	Reference	Units
Collection Time	09:57		
Fasting	Yes		
Vitamin B12	403	[>=260]	pmol/L

This request has other tests in progress at the time of reporting.

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Legend: C=Critical, H=High, L=Low, A=Abnormal

For enquiries phone 8222 3000

NATA: 2348

MATHEWS, LISA

9 DE IESO CT, NEWTON. 5074

Phone: 0419857800

Birthdate: 25/03/1978 Sex: F Medicare Number: 51033936092

Your Reference: 00330179 Lab Reference: 23-075-04875#IRS-SH2

Laboratory: SA Pathology

Addressee: DR KATHY WALLACE Referred by: DR GIRIJA VIJAY

Name of Test: Iron Studies

Requested: 17/02/2023 Collected: 16/03/2023 Reported: 17/03/2023 13:21

#### SA Pathology

Accession No : 23-075-04875  
Referred By : DR GIRIJA VIJAY  
Report Generated: 17/03/2023 13:21

#### Clinical Notes

GEN CHECK

#### Iron Studies

Collection Date	16-Mar-23			
Collection Time	09:57	Reference	Units	
Fasting	Yes			
Iron	16 [1]	[8-30]	umol/L	
Ferritin	73	[30-250]	ug/L	
Transferrin	2.13	[2.00-4.00]	g/L	
Transferrin Saturation	30	[10-35]	%	

[1] Assumed Fasting status

This request has other tests in progress at the time of reporting.

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Legend: C=Critical, H=High, L=Low, A=Abnormal

For enquiries phone 8222 3000

NATA: 2348

MATHEWS, LISA

9 DE IESO CT, NEWTON. 5074

Phone: 0419857800

Birthdate: 25/03/1978 Sex: F Medicare Number: 51033936092

Your Reference: 00330179 Lab Reference: 23-075-04875#CHE-YQ9

Laboratory: SA Pathology

Addressee: DR KATHY WALLACE Referred by: DR GIRIJA VIJAY

Name of Test: Chemistry: eGFR, Ca Ion Calc, ECU LFT CAL PHO URA GL

Requested: 17/02/2023 Collected: 16/03/2023 Reported: 17/03/2023 13:21

#### SA Pathology

Accession No : 23-075-04875  
Referred By : DR GIRIJA VIJAY  
Report Generated: 17/03/2023 13:21

#### Clinical Notes

GEN CHECK

## General Chemistry

Collection Date	16-Mar-23		
Collection Time	09:57	Reference	Units
Cholesterol	5.5	[0.0-5.5]	mmol/L
Fasting	Yes		
Sodium	136	[135-145]	mmol/L
Potassium	3.9	[3.5-5.2]	mmol/L
Chloride	102	[95-110]	mmol/L
Bicarbonate	24	[22-32]	mmol/L
Anion Gap	14	[7-17]	mmol/L
Glucose	4.6	[3.2-5.5]	mmol/L
Urea	3.8	[2.7-8.0]	mmol/L
Creatinine	64	[45-90]	umol/L
Estimated Glomerular Filtration Rate	>90	[>=60]	mL/min/1.73m2
Urate	0.28	[0.14-0.34]	mmol/L
Calcium	2.35	[2.10-2.60]	mmol/L
Ionised Calcium	1.20	[1.10-1.30]	mmol/L
Calculated Phosphate	0.86	[0.75-1.50]	mmol/L
Albumin	40	[34-48]	g/L
Globulin	36	[21-41]	g/L
Total Protein	76	[60-80]	g/L
Total Bilirubin	10	[2-24]	umol/L
Gamma Glutamyl Transferase	24	[0-60]	U/L
Alkaline Phosphatase	58	[30-110]	U/L
Alanine Aminotransferase	22	[0-55]	U/L
Aspartate Aminotransferase	24	[0-45]	U/L
Lactate Dehydrogenase	182	[120-250]	U/L

This request has other tests in progress at the time of reporting.

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For enquiries phone 8222 3000

NATA: 2348

MATHEWS, LISA

9 DE IESO CT, NEWTON. 5074

Phone: 0419857800

Birthdate: 25/03/1978 Sex: F Medicare Number: 51033936092

Your Reference: 00330179 Lab Reference: 23-075-04875#LIS-ST3

Laboratory: SA Pathology

Addressee: DR KATHY WALLACE Referred by: DR GIRIJA VIJAY

Name of Test: High Density Lipoprotein Cholesterol, Lipid Studies

Requested: 17/02/2023 Collected: 16/03/2023 Reported: 17/03/2023 13:21

### SA Pathology

Accession No : 23-075-04875  
Referred By : DR GIRIJA VIJAY  
Report Generated: 17/03/2023 13:21

### Clinical Notes

GEN CHECK

### Lipid Studies

Collection Date	16-Mar-23		
Collection Time	09:57	Reference	Units
Fasting	Yes		
Cholesterol	5.5	[0.0-5.5]	mmol/L
Triglyceride	1.5	[0.3-2.0]	mmol/L
HDL Cholesterol	1.4	[1.0-2.2]	mmol/L
LDL Cholesterol	3.4	[0.0-3.7]	mmol/L
non-HDL Cholesterol	4.1		mmol/L

Total Cholesterol/HDL Ratio 3.9 [0.0-5.0]

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For enquiries phone 8222 3000

NATA: 2348

MATHEWS, LISA

9 DE IESO CT, NEWTON. 5074

Phone: 0419857800

Birthdate: 25/03/1978 Sex: F Medicare Number: 51033936092

Your Reference: 00330179 Lab Reference: 23-075-04875#END-YU3

Laboratory: SA Pathology

Addressee: DR KATHY WALLACE Referred by: DR GIRIJA VIJAY

Name of Test: Endocrinology: Thyroid Stimulating Hormone, Follicle Stimulating Hormone,  
Oestra...

Requested: 17/02/2023 Collected: 16/03/2023 Reported: 17/03/2023 13:21

#### SA Pathology

Accession No : 23-075-04875  
Referred By : DR GIRIJA VIJAY  
Report Generated: 17/03/2023 13:21

#### Clinical Notes

GEN CHECK

#### Endocrinology

Collection Date	16-Mar-23		
Collection Time	09:57	Reference	Units
Oestradiol	469 [1]		pmol/L
Oestradiol Comment	Comment [2]		
Luteinizing Hormone	1		IU/L
LH Comment	Comment [3]		
FSH	2		IU/L
FSH Comment	Comment [4]		
TSH	1.44	[0.50-4.50]	mIU/L

[1] PLEASE NOTE: Fulvestrant therapy can produce invalid results for Estradiol Assays.

[2] Reference Interval  
Follicular Phase 100 - 570 pmol/L  
Ovulatory Phase 180 - 1150 pmol/L  
Luteal Phase 120 - 1100 pmol/L  
Postmenopausal < 200 pmol/L

[3] Luteinising Hormone Reference Interval  
Follicular Phase 2 - 12 IU/L  
Ovulatory Phase 15 - 100 IU/L  
Luteal Phase 1 - 100 IU/L  
Postmenopausal > 8 IU/L

[4] Follicle Stimulating Hormone Reference Interval  
Follicular Phase 3 - 12 IU/L  
Ovulatory Phase 5 - 20 IU/L  
Luteal Phase 2 - 8 IU/L  
Postmenopausal > 25 IU/L

This request has other tests in progress at the time of reporting.

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Haematology on whole blood.

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For enquiries phone 8222 3000

NATA: 2348

MATHEWS, LISA

9 DE IESO CT, NEWTON. 5074  
**Phone:** 0419857800  
**Birthdate:** 25/03/1978 **Sex:** F **Medicare Number:** 51033936092  
**Your Reference:** 00330179 **Lab Reference:** 23-075-04875#HAA-CS5  
**Laboratory:** SA Pathology  
**Addressee:** DR KATHY WALLACE **Referred by:** DR GIRIJA VIJAY

**Name of Test:** Haemoglobin Alc  
**Requested:** 17/02/2023 **Collected:** 16/03/2023 **Reported:** 17/03/2023 13:21

**SA Pathology** Accession No : 23-075-04875  
 Referred By : DR GIRIJA VIJAY  
 Report Generated: 17/03/2023 13:21

**Clinical Notes**  
 GEN CHECK

**Haemoglobin Alc**

Collection Date	<b>16-Mar-23</b>		
Collection Time	<b>09:57</b>	Reference	Units
HbA1c	33 [1]		mmol/mol
HbA1c %	5.2	[<=7.0]	%
HbA1c Comment	Comment. [2]		

- [1] Misleading low HbA1c levels may occur in: anaemia, B12 & folate deficiency, recent transfusion, haemoglobinopathies, haemolysis or any chronic disease with reduced red cell survival including chronic liver disease and chronic kidney disease.
- [2] If screening for DM: Diabetes unlikely. Recommend re-test in 12 months. If monitoring DM: Increased risk of hypoglycaemia if on insulin/sulfonylureas. HbA1c analysis is performed on whole blood.

This request has other tests in progress at the time of reporting.

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 Legend: C=Critical, H=High, L=Low, A=Abnormal  
 For enquiries phone 8222 3000 NATA: 2348  
 MATHEWS, LISA  
 9 DEIESO CT, NEWTON. 5074  
**Phone:** 0419857800  
**Birthdate:** 25/03/1978 **Sex:** F **Medicare Number:** 51033936092  
**Your Reference:** 00024844 **Lab Reference:** 23-76646172-AMH-0  
**Laboratory:** AUSTRALIAN CLINICAL LABS  
**Addressee:** DR KATHY WALLACE **Referred by:** DR KATHY WALLACE

**Name of Test:** ANTI MULLERIAN TEST  
**Requested:** 17/03/2023 **Collected:** 18/03/2023 **Reported:** 20/03/2023 15:05

**CLINICAL NOTES:** FERTILITY PT HAPPY TO PAY

ENDOCRINOLOGY

**ANTI MULLERIAN HORMONE (AMH PLUS)**

**SPECIMEN: SERUM**

Date	Time	Lab No.	AMH PLUS	Units
18/03/23	10:00	76646172	19.6	pmol/L

  

<b>Age Grp</b>	<b>Reference Range (pmol/L):</b>
20 - 29Y	13.0 - 54.0
30 - 34Y	7.0 - 48.0
35 - 39Y	5.5 - 37.0

40 - 44Y      0.7 - 21.0  
45 - 50Y      0.3 - 15.0

**Comment:**

AMH values of < 10 may indicate low ovarian reserve  
AMH values > 36 may be seen in Polycystic Ovarian patients  
AMH results should be interpreted in the clinical context.

NOTE: Anti Mullerian Hormone (AMH) testing is performed on the Roche Cobas analyser using the AMH PLUS Immunoassay. AMH PLUS enables clinicians to use results when dosing patients with the recombinant FSH treatment, REKOVELLE. AMH Age-Specific Reference Ranges (10th-90th percentile) are provided by Roche.

Please note that blood collected from patients taking Biotin (Vit B7) supplements may cause falsely low results. If this patient is known to be taking Biotin, interpret results with caution within the clinical context.

Validated by Dr. Mirette Saad

AMH-C

All tests on this request have now been completed

MATHEWS, Lisa  
9 Deieso Court, NEWTON SA. 5074  
Birthdate: 25/03/1978 Sex: F Medicare Number: 5103393609  
Your Reference: 42.84735601 Lab Reference: MODB  
Addressee: Dr Kathy WALLACE Referred by: Dr Kathy WALLACE  
Name of Test: PELVIC ULTRASOUND  
Requested: 17/03/2023 Collected: 01/04/2023 Reported: 03/04/2023 09:25  
Laboratory: Dr Jones and Partners

Patient ID: 42.84735601

Dr Kathy WALLACE

Order: 86.22357245\_1

Dr Kathy WALLACE Performed at: MODBURY  
78 Muller Road Exam Date: 1st April 2023  
GREENACRES SA 5086 Patient ID: 42.84735601  
praxis@promedicus.net Accession: 86.22357245  
Mrs Lisa MATHEWS D.O.B: 25/03/1978  
9 Deieso Court NEWTON SA 5074 Sonographer: kworthington

PELVIC ULTRASOUND

Clinical Information: Recurrent miscarriage. Fertility assessment.

Findings: A transabdominal and transvaginal ultrasound was performed.

The uterus is midline and anteverted. It measures 8.2 x 3.5cm. The endometrial echo is thin measuring 7.5mm in AP diameter. A small myometrial cyst is noted measuring 7mm. Otherwise no focal uterine masses are seen.

Both ovaries were confidently identified and appeared unremarkable. The right ovary measures 2.8 x 2.5 x 2.4cm and the left ovary 3.1 x 1.9 x 2.3cm. There are no adnexal masses or free fluid.

Dr Robyn Grant

Electronically signed 9:42 AM Mon, 3rd Apr 2023

MATHEWS, LISA  
9 DE IESO CT, NEWTON. 5074  
Phone: 0419857800  
Birthdate: 25/03/1978 Sex: F Medicare Number: 51033936092

**Your Reference:** 24848      **Lab Reference:** 23-108-07719#AUT-YB2  
**Laboratory:** SA Pathology  
**Addressee:** DR KATHY WALLACE      **Referred by:** DR KATHY WALLACE

**Name of Test:** Autoimmunity: Thyroid Antibody  
**Requested:** 17/03/2023      **Collected:** 18/04/2023      **Reported:** 18/04/2023 18:23

**SA Pathology**      Accession No : 23-108-07719  
Referred By : DR KATHY WALLACE  
Report Generated: 18/04/2023 18:23

**Clinical Notes**  
Recurrent miscarriages

**Autoimmunity**

Collection Date	18-Apr-23			
Collection Time	13:45	Reference	Units	
Thyroid Peroxidase Ab	<9	[1] [ $\leq 33$ ]	IU/mL	
Thyroid Peroxidase Ab Comment	Comment	[2]		

- [1] Thyroid Antibody (TPO) testing performed on Roche platform as of 01/05/2020. Please note change in reference range after 01/05/2020.
- [2] A TPO result of less than 33 IU/mL virtually excludes the possibility of active Hashimoto's Disease. Further testing for TSH receptor antibodies is recommended for investigation of Grave's disease. Results should be interpreted in the context of thyroid functions tests and other clinical findings.  
Methodology: Electrochemiluminescence immunoassay

This request has other tests in progress at the time of reporting.

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Legend: C=Critical, H=High, L=Low, A=Abnormal  
For enquiries phone 8222 3000      NATA: 2348  
MATHEWS, LISA  
9 DE IESO CT, NEWTON. 5074  
**Phone:** 0419857800  
**Birthdate:** 25/03/1978      **Sex:** F      **Medicare Number:** 51033936092  
**Your Reference:** 24848      **Lab Reference:** 23-108-07719#END-YU3  
**Laboratory:** SA Pathology  
**Addressee:** DR KATHY WALLACE      **Referred by:** DR KATHY WALLACE

**Name of Test:** Endocrinology: Thyroxine Free, Free Triiodothyronine  
**Requested:** 17/03/2023      **Collected:** 18/04/2023      **Reported:** 18/04/2023 18:24

**SA Pathology**      Accession No : 23-108-07719  
Referred By : DR KATHY WALLACE  
Report Generated: 18/04/2023 18:24

**Clinical Notes**  
Recurrent miscarriages

**Endocrinology**

Collection Date	18-Apr-23			
Collection Time	13:45	Reference	Units	
TSH	1.18	[0.50-4.50]	mIU/L	
Free T4	14	[10-20]	pmol/L	
Free T3	4.2	[3.1-5.4]	pmol/L	



This request has other tests in progress at the time of reporting.

---

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Haematology on whole blood.

Legend: C=Critical, H=High, L=Low, A=Abnormal

For enquiries phone 8222 3000

NATA: 2348

MATHEWS, LISA

9 DE IESO CT, NEWTON. 5074

Phone: 0419857800

Birthdate: 25/03/1978 Sex: F Medicare Number: 51033936092

Your Reference: 24848 Lab Reference: 23-108-07719#HAT-SQ6

Laboratory: SA Pathology

Addressee: DR KATHY WALLACE Referred by: DR KATHY WALLACE

Name of Test: Haemostasis and Thrombosis: Coagulation Studies

Requested: 17/03/2023 Collected: 18/04/2023 Reported: 18/04/2023 18:52

#### SA Pathology

Accession No : 23-108-07719  
Referred By : DR KATHY WALLACE  
Report Generated: 18/04/2023 18:52

#### Clinical Notes

Recurrent miscarriages

#### Haemostasis and Thrombosis

Collection Date	<b>18-Apr-23</b>			
Collection Time	<b>13:45</b>	Reference	Units	
Prothrombin Time	12.8 [1]		s	
INR	1.0	[0.9-1.2]	ratio	
APTT	28 [2]	[24-38]	s	

- [1] The normal PT range is 12 - 16 sec.  
This does not apply to patients on warfarin therapy.
- [2] Target APTT ranges for i.v. Unfractionated Heparin:  
for treatment of VTE is 65 - 110 seconds;  
for ACS 65 - 90 seconds.  
Please note: local protocols for therapeutic ranges may differ from  
laboratory recommendations.

This request has other tests in progress at the time of reporting.

---

Unless specified, testing has been performed on serum/plasma, general  
Haematology on whole blood.

Legend: C=Critical, H=High, L=Low, A=Abnormal

For enquiries phone 8222 3000

NATA: 2348

MATHEWS, LISA

9 DE IESO CT, NEWTON. 5074

Phone: 0419857800

Birthdate: 25/03/1978 Sex: F Medicare Number: 51033936092

Your Reference: 24848 Lab Reference: 23-108-07719#END-YU3

Laboratory: SA Pathology

Addressee: DR KATHY WALLACE Referred by: DR KATHY WALLACE

Name of Test: Endocrinology: Thyroid Stimulating Hormone

Requested: 17/03/2023 Collected: 18/04/2023 Reported: 18/04/2023 22:43

#### SA Pathology

Accession No : 23-108-07719  
Referred By : DR KATHY WALLACE  
Report Generated: 18/04/2023 22:43

**Clinical Notes**

Recurrent miscarriages

**Endocrinology**

Collection Date	18-Apr-23		
Collection Time	13:45	Reference	Units
TSH	1.18	[0.50-4.50]	mIU/L
Free T4	14	[10-20]	pmol/L
Free T3	4.2	[3.1-5.4]	pmol/L

This request has other tests in progress at the time of reporting.

Unless specified, testing has been performed on serum/plasma, general Haematology on whole blood.

Legend: C=Critical, H=High, L=Low, A=Abnormal

For enquiries phone 8222 3000

NATA: 2348

MATHEWS, LISA

9 DE IESO CT, NEWTON. 5074

Phone: 0419857800

Birthdate: 25/03/1978 Sex: F Medicare Number: 51033936092

Your Reference: 24848 Lab Reference: 23-108-07719#HAT-SQ6

Laboratory: SA Pathology

Addressee: DR KATHY WALLACE Referred by: DR KATHY WALLACE

Name of Test: Haemostasis and Thrombosis: Lupus Anticoagulant Inhibitor

Requested: 17/03/2023 Collected: 18/04/2023 Reported: 19/04/2023 11:30

**SA Pathology**

Accession No : 23-108-07719  
Referred By : DR KATHY WALLACE  
DR KATHY WALLACE  
Report Generated: 19/04/2023 11:30

**Clinical Notes**

Recurrent miscarriages

**Haemostasis and Thrombosis**

Collection Date	18-Apr-23		
Collection Time	13:45	Reference	Units
Prothrombin Time	13.9 [1]		s
	12.8 [1]		
INR	1.1	[0.9-1.2]	ratio
	1.0		
APTT	28 [2]	[24-38]	s
DOAC Drug	None		
DOAC-Stop	No		
dRVVT Screen	32 [3]	[31-51]	s
Lupus Anticoagulant	Negative		
Antithrombin	86	[80-125]	%

- [1] The normal PT range is 12 - 16 sec.  
This does not apply to patients on warfarin therapy.
- [2] Target APTT ranges for i.v. Unfractionated Heparin:  
for treatment of VTE is 65 - 110 seconds;  
for ACS 65 - 90 seconds.  
Please note: local protocols for therapeutic ranges may differ from laboratory recommendations.
- [3] DOACs can interfere with Lupus Anticoagulant testing, with Rivaroxaban and Dabigatran causing a false positive result and Apixaban causing a false negative. Please interpret LA results in conjunction with medication history.

This request has other tests in progress at the time of reporting.

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Haematology on whole blood.

Legend: C=Critical, H=High, L=Low, A=Abnormal

For enquiries phone 8222 3000

NATA: 2348

MATHEWS, LISA

9 DE IESO CT, NEWTON. 5074

Phone: 0419857800

Birthdate: 25/03/1978 Sex: F Medicare Number: 51033936092

Your Reference: 24848 Lab Reference: 23-108-07719#AUT-YB2

Laboratory: SA Pathology

Addressee: DR KATHY WALLACE Referred by: DR KATHY WALLACE

Name of Test: Autoimmunity: Beta-2 Glycoprotein 1 IgG Antibody

Requested: 17/03/2023 Collected: 18/04/2023 Reported: 20/04/2023 12:21

#### SA Pathology

Accession No : 23-108-07719  
Referred By : DR KATHY WALLACE  
Report Generated: 20/04/2023 12:21

#### Clinical Notes

Recurrent miscarriages

#### Autoimmunity

Collection Date	18-Apr-23			
Collection Time	13:45	Reference		Units
Beta-2 Glycoprotein 1 IgG Ab	Negative			
Beta-2 Glycoprotein 1 IgG U/mL	1.0 [1]	[<=6.9]		U/mL
Beta-2 Glycoprotein 1 IgG Comment	Comment [2]			
Thyroid Peroxidase Ab	<9 [3]	[<=33]		IU/mL
Thyroid Peroxidase Ab Comment	Comment [4]			

- [1] Beta-2 Glycoprotein 1 IgG Ab (B2G) testing performed on Phadia 250 EliA platform as of 03/05/2022.  
Please note change in reference range after 03/05/2022.
- [2] For the diagnosis of anti-phospholipid syndrome (APLS), please interpret beta-2 glycoprotein 1 (B2GP1) results in conjunction with clinical history, lupus anti-coagulant and cardiolipin antibody tests. One or more tests should be consistently positive over at least three months.  
Methodology: Fluoroenzymeimmunoassay (FEIA)
- [3] Thyroid Antibody (TPO) testing performed on Roche platform as of 01/05/2020. Please note change in reference range after 01/05/2020.
- [4] A TPO result of less than 33 IU/mL virtually excludes the possibility of active Hashimoto's Disease. Further testing for TSH receptor antibodies is recommended for investigation of Grave's disease.  
Results should be interpreted in the context of thyroid functions tests and other clinical findings.  
Methodology: Electrochemiluminescence immunoassay

This request has other tests in progress at the time of reporting.

Unless specified, testing has been performed on serum/plasma, general  
Haematology on whole blood.

Legend: C=Critical, H=High, L=Low, A=Abnormal

For enquiries phone 8222 3000

NATA: 2348

MATHEWS, LISA

9 DE IESO CT, NEWTON. 5074

Phone: 0419857800

Birthdate: 25/03/1978 Sex: F Medicare Number: 51033936092

Your Reference: 24848 Lab Reference: 23-108-07719#AUT-YB2

Laboratory: SA Pathology

Addressee: DR KATHY WALLACE Referred by: DR KATHY WALLACE

Name of Test: Autoimmunity: Cardiolipin Antibody IgG

Requested: 17/03/2023 Collected: 18/04/2023 Reported: 21/04/2023 10:46

**SA Pathology**

Accession No : 23-108-07719  
Referred By : DR KATHY WALLACE  
Report Generated: 21/04/2023 10:46

**Clinical Notes**

Recurrent miscarriages

**Autoimmunity**

Collection Date	18-Apr-23			
Collection Time	13:45	Reference	Units	
Beta-2 Glycoprotein 1 IgG Ab	Negative			
Beta-2 Glycoprotein 1 IgG U/mL	1.0 [1]	[<=6.9]	U/mL	
Beta-2 Glycoprotein 1 IgG Comment	Comment [2]			
Cardiolipin IgG Ab	Negative			
Cardiolipin IgG GPL units	1	[<=8]	GPL unit/mL	
Cardiolipin IgG Ab Comment	Comment [3]			
Thyroid Peroxidase Ab	<9 [4]	[<=33]	IU/mL	
Thyroid Peroxidase Ab Comment	Comment [5]			

- [1] Beta-2 Glycoprotein 1 IgG Ab (B2G) testing performed on Phadia 250 EliA platform as of 03/05/2022.  
Please note change in reference range after 03/05/2022.
- [2] For the diagnosis of anti-phospholipid syndrome (APLS), please interpret beta-2 glycoprotein 1 (B2GP1) results in conjunction with clinical history, lupus anti-coagulant and cardiolipin antibody tests. One or more tests should be consistently positive over at least three months.  
Methodology: Fluoroenzymeimmunoassay (FEIA)
- [3] A negative result makes anti-phospholipid syndrome unlikely, however a small proportion of patients with anti-phospholipid syndrome have undetectable IgG anti-cardiolipin antibodies. Further testing including lupus anticoagulant and anti-beta 2-glycoprotein antibody may be indicated. Results should be interpreted in light of clinical history and examination.  
Methodology: Enzyme Immunoassay
- [4] Thyroid Antibody (TPO) testing performed on Roche platform as of 01/05/2020. Please note change in reference range after 01/05/2020.
- [5] A TPO result of less than 33 IU/mL virtually excludes the possibility of active Hashimoto's Disease. Further testing for TSH receptor antibodies is recommended for investigation of Grave's disease.  
Results should be interpreted in the context of thyroid functions tests and other clinical findings.  
Methodology: Electrochemiluminescence immunoassay

This request has other tests in progress at the time of reporting.

Unless specified, testing has been performed on serum/plasma, general Haematology on whole blood.

Legend: C=Critical, H=High, L=Low, A=Abnormal

For enquiries phone 8222 3000

NATA: 2348

MATHEWS, LISA

9 DE IESO CRT, NEWTON. 5074

Phone: 0419857800

Birthdate: 25/03/1978 Sex: F Medicare Number: 51033936092

Your Reference: 23-108-07719 Lab Reference: 23-79008407-MFR-0

Laboratory: AUSTRALIAN CLINICAL LABS

Addressee: DR KATHY WALLACE Referred by: DR KATHY WALLACE

Copy to:

RESULT ENQUIRIES IMVS

Name of Test: MTHFR-MTHFOLATE REDUCTASE

Requested: 18/04/2023 Collected: 18/04/2023 Reported: 26/04/2023 08:10

CLINICAL NOTES: /

**Methylenetetrahydrofolate (MTHFR)****MTHFR Gene Mutation (C677T)** : Mutation not found**MTHFR Gene Mutation (A1298C)** : Mutation not found**Comment:** The patient is negative for both the MTHFR C677T and A1298C mutations.**Method:** Polymerase Chain Reaction (PCR) followed by single base extension with mass spectrometry (mass array) analysis.

**Clinical notes:** Methylenetetrahydrofolate reductase (MTHFR) is a regulatory enzyme in folate-dependent homocysteine remethylation. A common polymorphism in the MTHFR gene at position 677 is associated with a thermolabile enzyme with decreased activity. The prevalence of the homozygous mutation ranges from 8-18% in various populations. Clinically, homozygotes for the mutation have an increased risk of thromboembolism, as well as premature vascular disease. A second mutation (A1298C) has been described. This mutation is associated with an increased risk of thromboembolism, only when found together with the C677T mutation.

**Reference:** Frosst P et al Nature Genetics 1995;10:111-13.  
Weisberg IS et al Atherosclerosis 2001;2:409-15.

MFR-C

All tests on this request have now been completed

MATHEWS, LISA

9 DE IESO CT, NEWTON. 5074

**Phone:** 0419857800**Birthdate:** 25/03/1978 **Sex:** F **Medicare Number:** 51033936092**Your Reference:** 24848 **Lab Reference:** 23-108-07719#CHE-YQ9**Laboratory:** SA Pathology**Addressee:** DR KATHY WALLACE **Referred by:** DR KATHY WALLACE**Name of Test:** Chemistry: Specialised test not available at SAP**Requested:** 17/03/2023 **Collected:** 18/04/2023 **Reported:** 28/04/2023 11:22**SA Pathology**

Accession No : 23-108-07719

Referred By : DR KATHY WALLACE

Report Generated: 28/04/2023 11:22

**Clinical Notes**

Recurrent miscarriages

**General Chemistry**

Collection Date	18-Apr-23		
Collection Time	13:45	Reference	Units
Generic Sendaway Orderable	See Note	[1]	
Generic Sendaway Address	See Note	[2]	
Generic Sendaway Send Status	Sent	[3]	
Generic Sendaway Result	Result Received	[4]	

[1] MTHFR gene mutation

[2] ACL, 1 Butler Blvd, Adelaide Airport, SA 5950

[3] Test was sent to the referred laboratory.

[4] Test was performed at the referred laboratory.

All tests on this request have been completed

---

Unless specified, testing has been performed on serum/plasma, general Haematology on whole blood.

Legend: C=Critical, H=High, L=Low, A=Abnormal

For enquiries phone 8222 3000

NATA: 2348

MATHEWS, LISA  
9 DE IESO CT, NEWTON. 5074  
**Phone:** 0419857800  
**Birthdate:** 25/03/1978 **Sex:** F **Medicare Number:** 51033936092  
**Your Reference:** 00024848 **Lab Reference:** GM-23-0015321#GEN-TB1  
**Laboratory:** SA Pathology  
**Addressee:** DR KATHY WALLACE **Referred by:** DR KATHY WALLACE

**Name of Test:** Genetics: F5 Common Variant Screen Report  
**Requested:** 17/03/2023 **Collected:** 18/04/2023 **Reported:** 02/05/2023 14:01

SA Pathology Referred By: DR KATHY WALLACE  
Accession: GM-23-0015321

#### Clinical Notes

#### Genetics

#### F5 Common Variant Screen

Test Requested: F5 Common Variant Screen  
Specimen Type: Blood, rec'd: 19/04/2023 11:34 AM , coll: 18/04/2023 2:54 PM  
Accession Number: GM-23-0015321

#### Summary:

The common variant in the F5 (Factor V) gene was not detected in this patient.

#### Results:

F5:c.1601G>A Not Detected

#### Interpretation:

The common variant in the F5 (Factor V) gene was not detected in this patient.

#### Background:

Patients with genetic thrombophilia exhibit an increased predisposition to VTE. A common variant,

the Factor V Leiden variant (F5: c.1601G>A) is classed as a putative risk factor for VTE.

References: Kujovich, 2011: NCBI Gene reviews. DNA sequence variations are classified according to HGVS nomenclature.

#### Method:

RhAmpSeq targeted amplicon library generation with detection by next generation sequencing .  
Genbank accession no: NM\_000130.4, NP\_000121.2 (F5:c.1601G>A, p.Arg534Gln).

Verified Date:02-MAY-2023

Genetic Pathologist: Dr Abhi Kulkarni Ph: (08) 8222 3446  
Clinical Scientist: Dr Lesley Rawlings Ph: (08) 8222 3667

All tests on this request have been completed

---

Unless specified, testing has been performed on serum/plasma, general  
Haematology on whole blood.

Legend: C=Critical, H=High, L=Low, A=Abnormal

For enquiries phone 8222 3000

NATA: 2348

MATHEWS, LISA  
9 DE IESO CT, NEWTON. 5074  
**Phone:** 0419857800  
**Birthdate:** 25/03/1978 **Sex:** F **Medicare Number:** 51033936092  
**Your Reference:** 24848 **Lab Reference:** 23-108-07719#END-YU3  
**Laboratory:** SA Pathology  
**Addressee:** DR KATHY WALLACE **Referred by:** DR KATHY WALLACE

**Name of Test:** Endocrinology: Thyroid Stimulating Hormone, Thyroxine Free, Free

Triiodothyronin...

**Requested:** 17/03/2023 **Collected:** 18/04/2023 **Reported:** 20/05/2023 10:24

**SA Pathology**

Accession No : 23-108-07719  
Referred By : DR KATHY WALLACE  
Report Generated: 20/05/2023 10:24

**Clinical Notes**

Recurrent miscarriages

**Endocrinology**

Collection Date	18-Apr-23		
Collection Time	13:45	Reference	Units
TSH	1.18	[0.50-4.50]	mIU/L
Free T4	14	[10-20]	pmol/L
Free T3	4.2	[3.1-5.4]	pmol/L

All tests on this request have been completed

Unless specified, testing has been performed on serum/plasma, general  
Haematology on whole blood.

Legend: C=Critical, H=High, L=Low, A=Abnormal

For enquiries phone 8222 3000

NATA: 2348

MATHEWS, LISA  
9 DE IESO CT, NEWTON. 5074

Phone: 0419857800

Birthdate: 25/03/1978 Sex: F Medicare Number: 51033936092

Your Reference: 24848 Lab Reference: 23-108-07719#HAT-SQ6

Laboratory: SA Pathology

Addressee: DR KATHY WALLACE Referred by: DR KATHY WALLACE

**Name of Test:** Haemostasis and Thrombosis: Thrombosis Evaluation(PC,PS,AT), Lupus  
Anticoagulant...

**Requested:** 17/03/2023 **Collected:** 18/04/2023 **Reported:** 20/05/2023 10:24

**SA Pathology**

Accession No : 23-108-07719  
Referred By : DR KATHY WALLACE  
DR KATHY WALLACE  
Report Generated: 20/05/2023 10:24

**Clinical Notes**

Recurrent miscarriages

**Haemostasis and Thrombosis**

Collection Date	18-Apr-23		
Collection Time	13:45	Reference	Units
Prothrombin Time	13.9 [1]		s
	12.8 [1]		
INR	1.1	[0.9-1.2]	ratio
	1.0		
APTT	28 [2]	[24-38]	s
DOAC Drug	None		
DOAC-Stop	No		
dRVVT Screen	32 [3]	[31-51]	s
Lupus Anticoagulant	Negative		
Antithrombin	86	[80-125]	%
Protein C	92	[65-130]	%
Protein S	83	[55-130]	%

- [1] The normal PT range is 12 - 16 sec.  
This does not apply to patients on warfarin therapy.
- [2] Target APTT ranges for i.v. Unfractionated Heparin:  
for treatment of VTE is 65 - 110 seconds;  
for ACS 65 - 90 seconds.  
Please note: local protocols for therapeutic ranges may differ from laboratory recommendations.
- [3] DOACs can interfere with Lupus Anticoagulant testing, with Rivaroxaban and Dabigatran causing a false positive result and Apixaban causing a false negative. Please interpret LA results in conjunction with medication history.

All tests on this request have been completed

Unless specified, testing has been performed on serum/plasma, general Haematology on whole blood.

Legend: C=Critical, H=High, L=Low, A=Abnormal

For enquiries phone 8222 3000

NATA: 2348

MATHEWS, LISA

9 DE IESO CT, NEWTON. 5074

Phone: 0419857800

Birthdate: 25/03/1978 Sex: F Medicare Number: 51033936092

Your Reference: 24848 Lab Reference: 23-108-07719#AUT-YB2

Laboratory: SA Pathology

Addressee: DR KATHY WALLACE Referred by: DR KATHY WALLACE

Name of Test: Autoimmunity: Cardiolipin Antibody IgG, Beta-2 Glycoprotein 1 IgG Antibody, Thyr...

Requested: 17/03/2023 Collected: 18/04/2023 Reported: 20/05/2023 10:24

#### SA Pathology

Accession No : 23-108-07719  
Referred By : DR KATHY WALLACE  
Report Generated: 20/05/2023 10:24

#### Clinical Notes

Recurrent miscarriages

#### Autoimmunity

Collection Date	18-Apr-23			
Collection Time	13:45	Reference	Units	
Beta-2 Glycoprotein 1 IgG Ab	Negative			
Beta-2 Glycoprotein 1 IgG U/mL	1.0 [1]	[<=6.9]	U/mL	
Beta-2 Glycoprotein 1 IgG Comment	Comment [2]			
Cardiolipin IgG Ab	Negative			
Cardiolipin IgG GPL units	1	[<=8]	GPL unit/mL	
Cardiolipin IgG Ab Comment	Comment [3]			
Thyroid Peroxidase Ab	<9	[<=33]	IU/mL	
Thyroid Peroxidase Ab Comment	Comment [5]			

- [1] Beta-2 Glycoprotein 1 IgG Ab (B2G) testing performed on Phadia 250 EliA platform as of 03/05/2022.  
Please note change in reference range after 03/05/2022.
- [2] For the diagnosis of anti-phospholipid syndrome (APLS), please interpret beta-2 glycoprotein 1 (B2GP1) results in conjunction with clinical history, lupus anti-coagulant and cardiolipin antibody tests. One or more tests should be consistently positive over at least three months.  
Methodology: Fluoroenzymeimmunoassay (FEIA)
- [3] A negative result makes anti-phospholipid syndrome unlikely, however a small proportion of patients with anti-phospholipid syndrome have undetectable IgG anti-cardiolipin antibodies. Further testing including lupus anticoagulant and anti-beta 2-glycoprotein antibody may be indicated. Results should be interpreted in light of clinical history and examination.  
Methodology: Enzyme Immunoassay
- [4] Thyroid Antibody (TPO) testing performed on Roche platform as of 01/05/2020. Please note change in reference range after 01/05/2020.
- [5] A TPO result of less than 33 IU/mL virtually excludes the possibility of



active Hashimoto s Disease. Further testing for TSH receptor antibodies is recommended for investigation of Grave's disease.  
Results should be interpreted in the context of thyroid functions tests and other clinical findings.  
Methodology: Electrochemiluminescence immunoassay

All tests on this request have been completed

---

Unless specified, testing has been performed on serum/plasma, general  
Haematology on whole blood.  
Legend: C=Critical, H=High, L=Low, A=Abnormal  
For enquiries phone 8222 3000 NATA: 2348  
MATHEWS, LISA  
9 DE IESO CT, NEWTON. 5074  
Phone: 0419857800  
Birthdate: 25/03/1978 Sex: F Medicare Number: 51033936092  
Your Reference: 24848 Lab Reference: 23-108-07719#CHE-YQ9  
Laboratory: SA Pathology  
Addressee: DR KATHY WALLACE Referred by: DR KATHY WALLACE

Name of Test: Chemistry: Specialised test not available at SAP  
Requested: 17/03/2023 Collected: 18/04/2023 Reported: 20/05/2023 10:24

SA Pathology Accession No : 23-108-07719  
Referred By : DR KATHY WALLACE  
Report Generated: 20/05/2023 10:24

**Clinical Notes**  
Recurrent miscarriages

**General Chemistry**

Collection Date	18-Apr-23		
Collection Time	13:45	Reference	Units
Generic Sendaway Orderable	See Note	[1]	
Generic Sendaway Address	See Note	[2]	
Generic Sendaway Send Status	Sent	[3]	
Generic Sendaway Result	Result Received	[4]	

- [1] MTHFR gene mutation
- [2] ACL, 1 Butler Blvd, Adelaide Airport, SA 5950
- [3] Test was sent to the referred laboratory.
- [4] Test was performed at the referred laboratory.

All tests on this request have been completed

---

Unless specified, testing has been performed on serum/plasma, general  
Haematology on whole blood.  
Legend: C=Critical, H=High, L=Low, A=Abnormal  
For enquiries phone 8222 3000 NATA: 2348  
MATHEWS, LISA  
9 DE IESO CT, NEWTON. 5074  
Phone: 0419857800  
Birthdate: 25/03/1978 Sex: F Medicare Number: 51033936092  
Your Reference: 00024848 Lab Reference: GM-23-0015321#GEN-TB1  
Laboratory: SA Pathology  
Addressee: DR KATHY WALLACE Referred by: DR KATHY WALLACE

Name of Test: Genetics: F5 Common Variant Screen Report  
Requested: 17/03/2023 Collected: 18/04/2023 Reported: 20/05/2023 10:24

SA Pathology Referred By: DR KATHY WALLACE

Accession: GM-23-0015321

Clinical Notes

Genetics

F5 Common Variant Screen

Test Requested: F5 Common Variant Screen  
Specimen Type: Blood, rec'd: 19/04/2023 11:34 AM , coll: 18/04/2023 2:54 PM  
Accession Number: GM-23-0015321

Summary:  
The common variant in the F5 (Factor V) gene was not detected in this patient.

Results:  
F5:c.1601G>A Not Detected

Interpretation:  
The common variant in the F5 (Factor V) gene was not detected in this patient.

Background:  
Patients with genetic thrombophilia exhibit an increased predisposition to VTE. A common variant, the Factor V Leiden variant (F5: c.1601G>A) is classed as a putative risk factor for VTE. References: Kujovich, 2011: NCBI Gene reviews. DNA sequence variations are classified according to HGVS nomenclature.

Method:  
RhAmpSeq targeted amplicon library generation with detection by next generation sequencing .  
Genbank accession no: NM\_000130.4, NP\_000121.2 (F5:c.1601G>A, p.Arg534Gln).

Verified Date:02-MAY-2023

Genetic Pathologist: Dr Abhi Kulkarni Ph: (08) 8222 3446  
Clinical Scientist: Dr Lesley Rawlings Ph: (08) 8222 3667

All tests on this request have been completed

---

Unless specified, testing has been performed on serum/plasma, general  
Haematology on whole blood.  
Legend: C=Critical, H=High, L=Low, A=Abnormal  
For enquiries phone 8222 3000 NATA: 2348  
MATHEWS, LISA  
9 DE IESO CT, NEWTON. 5074  
Phone: 0419857800  
Birthdate: 25/03/1978 Sex: F Medicare Number: 51033936092  
Your Reference: 000025076 Lab Reference: 23-129-06656#BAF-EV4  
Laboratory: SA Pathology  
Addressee: DR KATHY WALLACE Referred by: DR KATHY WALLACE

Name of Test: B12 and Folate: Folate, Vitamin B12  
Requested: 08/05/2023 Collected: 09/05/2023 Reported: 09/05/2023 14:11

SA Pathology Accession No : 23-129-06656  
Referred By : DR KATHY WALLACE  
Report Generated: 09/05/2023 14:11

Clinical Notes  
LMP 24/03/2023, 34 day cycle, G8P1, miscarriage X 6, father has thalassaemia minor trait, pregnant

B12 and Folate

Collection Date 09-May-23

Collection Time	09:37	Reference	Units
Fasting	NS		
Serum Folate	32.5 [1]	[6.0-45.0]	nmol/L
Vitamin B12	414	[>=260]	pmol/L

[1] Please note that the serum folate reference interval is only valid for overnight fasting specimens.

This request has other tests in progress at the time of reporting.

Unless specified, testing has been performed on serum/plasma, general Haematology on whole blood.

Legend: C=Critical, H=High, L=Low, A=Abnormal

For enquiries phone 8222 3000

NATA: 2348

MATHEWS, LISA

9 DE IESO CT, NEWTON. 5074

Phone: 0419857800

Birthdate: 25/03/1978 Sex: F Medicare Number: 51033936092

Your Reference: 000025076 Lab Reference: 23-129-06656#END-YU3

Laboratory: SA Pathology

Addressee: DR KATHY WALLACE Referred by: DR KATHY WALLACE

Name of Test: Endocrinology: Thyroid Stimulating Hormone Preg, Human Chorionic Gonadotropin Qu...

Requested: 08/05/2023 Collected: 09/05/2023 Reported: 09/05/2023 14:51

#### SA Pathology

Accession No : 23-129-06656  
Referred By : DR KATHY WALLACE  
Report Generated: 09/05/2023 14:51

#### Clinical Notes

LMP 24/03/2023, 34 day cycle, G8P1, miscarriage X 6, father has thalassaemia minor trait, pregnant

#### Endocrinology

Collection Date	09-May-23		
Collection Time	09:37	Reference	Units
HCG Quantitative	9477.0 [1]		IU/L
TSH	1.84		mIU/L
TFT Comment	Comment [2]		

- [1] Gestational Age (Weeks post LMP)
- |        |                       |
|--------|-----------------------|
| 2 - 3  | 0 - 70 (IU/L)         |
| 3 - 4  | 10 - 750 (IU/L)       |
| 4 - 5  | 200 - 7000 (IU/L)     |
| 5 - 6  | 200 - 32000 (IU/L)    |
| 6 - 8  | 4000 - 150000 (IU/L)  |
| 8 - 12 | 64000 - 210000 (IU/L) |
| 14     | 14000 - 62000 (IU/L)  |
| 15     | 12000 - 70000 (IU/L)  |
| 16     | 9000 - 56000 (IU/L)   |
| 17     | 8000 - 56000 (IU/L)   |
| 18     | 8000 - 58000 (IU/L)   |

Levels of:

<5 IU/L are considered negative for pregnancy

5-25 IU/L are considered equivocal

>25 IU/L are considered positive for pregnancy

As of 13 April 2022 a new quantitative HCG reagent for confirmation/monitoring of pregnancy has commenced. This assay is not suitable for use as a tumour marker.

- [2] Target TSH in pregnancy:
- |                  |                 |
|------------------|-----------------|
| First trimester  | 0.1 - 2.5 mIU/L |
| Second trimester | 0.2 - 3.0 mIU/L |
| Third trimester  | 0.3 - 3.0 mIU/L |

This request has other tests in progress at the time of reporting.

Unless specified, testing has been performed on serum/plasma, general  
Haematology on whole blood.

Legend: C=Critical, H=High, L=Low, A=Abnormal

For enquiries phone 8222 3000

NATA: 2348

MATHEWS, LISA

9 DE IESO CT, NEWTON. 5074

Phone: 0419857800

Birthdate: 25/03/1978 Sex: F Medicare Number: 51033936092

Your Reference: 000025076 Lab Reference: 23-129-06656#HAE-YC1

Laboratory: SA Pathology

Addressee: DR KATHY WALLACE Referred by: DR KATHY WALLACE

Name of Test: Haematology: Complete Blood Examination

Requested: 08/05/2023 Collected: 09/05/2023 Reported: 09/05/2023 13:54

#### SA Pathology

Accession No : 23-129-06656  
Referred By : DR KATHY WALLACE  
Report Generated: 09/05/2023 13:54

#### Clinical Notes

LMP 24/03/2023, 34 day cycle, G8P1, miscarriage X 6, father has thalassaemia minor trait, pregnant

#### General Haematology

Collection Date	09-May-23		
Collection Time	09:37	Reference	Units
CBE Comment	Comment [1]		
Film Review	Interim results		
* Haemoglobin	105 L	[115-155]	g/L
White Cell Count	7.34	[4.00-11.00]	x10 <sup>9</sup> /L
Platelet Count	306	[150-450]	x10 <sup>9</sup> /L
* Red Cell Count	3.50 L	[3.80-5.20]	x10 <sup>12</sup> /L
* Haematocrit	0.32 L	[0.35-0.45]	L/L
MCV	90.3	[80.0-98.0]	fL
MCH	30	[27-33]	pg
MCHC	332	[310-360]	g/L
* RDW	11.9 L	[12.0-15.0]	%
* Mean Platelet Volume	9.30 L	[9.50-13.00]	fL
Neutrophils	5.36	[1.80-7.50]	x10 <sup>9</sup> /L
Neutrophils %	73		%
Lymphocytes	1.56	[1.10-3.50]	x10 <sup>9</sup> /L
Lymphocytes %	21		%
Monocytes	0.33	[0.20-0.80]	x10 <sup>9</sup> /L
Monocytes %	4		%
Eosinophils	0.06	[0.02-0.50]	x10 <sup>9</sup> /L
Eosinophils %	1		%
Basophils	0.03	[<=0.10]	x10 <sup>9</sup> /L
Basophils %	0		%

[1] Please note the following pregnancy reference intervals apply:

Hb (1st trimester)	110 - 160 g/L
Hb (2nd and 3rd trimester)	105 - 160 g/L
RCC	3.50 - 5.30 10 <sup>12</sup> /L
HCT	0.32 - 0.47 L/L
MCV	82 - 101 fL
WCC	4.0 - 15.0 10 <sup>9</sup> /L
Neutrophils Abs	2.9 - 12.9 10 <sup>9</sup> /L

This request has other tests in progress at the time of reporting.

Unless specified, testing has been performed on serum/plasma, general  
Haematology on whole blood.

Legend: C=Critical, H=High, L=Low, A=Abnormal

For enquiries phone 8222 3000

NATA: 2348

MATHEWS, LISA

9 DE IESO CT, NEWTON. 5074

Phone: 0419857800

Birthdate: 25/03/1978 Sex: F Medicare Number: 51033936092

Your Reference: 000025076 Lab Reference: 23-129-06656#CHE-YQ9

Laboratory: SA Pathology

Addressee: DR KATHY WALLACE Referred by: DR KATHY WALLACE

Name of Test: Chemistry: ECU LFT CAL PHO URA GL PREG, Ca Ion Calc preg

Requested: 08/05/2023 Collected: 09/05/2023 Reported: 09/05/2023 14:51

#### SA Pathology

Accession No : 23-129-06656

Referred By : DR KATHY WALLACE

Report Generated: 09/05/2023 14:51

#### Clinical Notes

LMP 24/03/2023, 34 day cycle, G8P1, miscarriage X 6, father has thalassaemia minor trait, pregnant

#### General Chemistry

Collection Date	09-May-23		
Collection Time	09:37	Reference	Units
Fasting	NS		
Sodium	137	[131-142]	mmol/L
Potassium	3.9	[3.3-4.7]	mmol/L
Chloride	102	[95-110]	mmol/L
Bicarbonate	22	[20-28]	mmol/L
Anion Gap	17	[7-17]	mmol/L
Glucose	4.7	[3.2-5.5]	mmol/L
Urea	3.3	[1.2-4.0]	mmol/L
Creatinine	62	[30-70]	umol/L
Urate	0.24	[0.12-0.35]	mmol/L
Calcium	2.27	[2.10-2.60]	mmol/L
Ionised Calcium	1.18	[1.10-1.30]	mmol/L
Calculated			
Phosphate	0.95	[0.75-1.40]	mmol/L
Albumin	37	[30-40]	g/L
Globulin	34	[21-41]	g/L
Total Protein	71	[58-72]	g/L
Total Bilirubin	7	[2-24]	umol/L
Gamma Glutamyl Transferase	29	[5-30]	U/L
Alkaline Phosphatase	57	[30-215]	U/L
Alanine Aminotransferase	20	[0-30]	U/L
Aspartate Aminotransferase	20	[0-40]	U/L
Lactate Dehydrogenase	140	[70-230]	U/L

This request has other tests in progress at the time of reporting.

Unless specified, testing has been performed on serum/plasma, general Haematology on whole blood.

Legend: C=Critical, H=High, L=Low, A=Abnormal

For enquiries phone 8222 3000

NATA: 2348

MATHEWS, LISA

9 DE IESO CT, NEWTON. 5074

Phone: 0419857800

Birthdate: 25/03/1978 Sex: F Medicare Number: 51033936092

Your Reference: 000025076 Lab Reference: 23-129-06656#HAE-YC1

Laboratory: SA Pathology

Addressee: DR KATHY WALLACE Referred by: DR KATHY WALLACE

Name of Test: Haematology: Complete Blood Examination

Requested: 08/05/2023 Collected: 09/05/2023 Reported: 09/05/2023 15:34

**SA Pathology**

Accession No : 23-129-06656  
Referred By : DR KATHY WALLACE  
Report Generated: 09/05/2023 15:34

**Clinical Notes**

LMP 24/03/2023, 34 day cycle, G8P1, miscarriage X 6, father has thalassaemia minor trait, pregnant

**General Haematology**

Collection Date	09-May-23		
Collection Time	09:37	Reference	Units
CBE Comment	Comment [1]		
Film Review	Complete		
* Haemoglobin	105 L	[115-155]	g/L
White Cell Count	7.34	[4.00-11.00]	$\times 10^9/L$
Platelet Count	306	[150-450]	$\times 10^9/L$
* Red Cell Count	3.50 L	[3.80-5.20]	$\times 10^{12}/L$
* Haematocrit	0.32 L	[0.35-0.45]	L/L
MCV	90.3	[80.0-98.0]	fL
MCH	30	[27-33]	pg
MCHC	332	[310-360]	g/L
* RDW	11.9 L	[12.0-15.0]	%
* Mean Platelet Volume	9.30 L	[9.50-13.00]	fL
Neutrophils	5.36	[1.80-7.50]	$\times 10^9/L$
Neutrophils %	73		%
Lymphocytes	1.56	[1.10-3.50]	$\times 10^9/L$
Lymphocytes %	21		%
Monocytes	0.33	[0.20-0.80]	$\times 10^9/L$
Monocytes %	4		%
Eosinophils	0.06	[0.02-0.50]	$\times 10^9/L$
Eosinophils %	1		%
Basophils	0.03	[<=0.10]	$\times 10^9/L$
Basophils %	0		%
Rouleaux RBC	1+		

[1] Please note the following pregnancy reference intervals apply:

Hb (1st trimester) 110 - 160 g/L  
Hb (2nd and 3rd trimester) 105 - 160 g/L  
RCC 3.50 - 5.30  $10^{12}/L$   
HCT 0.32 - 0.47 L/L  
MCV 82 - 101 fL  
WCC 4.0 - 15.0  $10^9/L$   
Neutrophils Abs 2.9 - 12.9  $10^9/L$

Mild normocytic, normochromic anaemia.

Please note the following pregnancy reference intervals apply:

Hb (1st trimester) 110 - 160 g/L  
Hb (2nd and 3rd trimester) 105 - 160 g/L  
RCC 3.50 - 5.30  $10^{12}/L$   
HCT 0.32 - 0.47 L/L  
MCV 82 - 101 fL  
WCC 4.0 - 15.0  $10^9/L$   
Neutrophils Abs 2.9 - 12.9  $10^9/L$

This request has other tests in progress at the time of reporting.

Unless specified, testing has been performed on serum/plasma, general Haematology on whole blood.

Legend: C=Critical, H=High, L=Low, A=Abnormal

For enquiries phone 8222 3000

NATA: 2348

MATHEWS, LISA

9 DE IESO CT, NEWTON. 5074

Phone: 0419857800

Birthdate: 25/03/1978 Sex: F Medicare Number: 51033936092

Your Reference: 000025076 Lab Reference: 23-129-06656#BLB-KY0

Laboratory: SA Pathology

Addressee: DR KATHY WALLACE Referred by: DR KATHY WALLACE

Name of Test: Blood Bank: Antenatal Blood Group Antibody Screen

Requested: 08/05/2023 Collected: 09/05/2023 Reported: 09/05/2023 16:51

**SA Pathology**

Accession No : 23-129-06656  
Referred By : DR KATHY WALLACE  
Report Generated: 09/05/2023 16:51

**Clinical Notes**

LMP 24/03/2023, 34 day cycle, G8P1, miscarriage X 6, father has thalassaemia minor trait, pregnant

**Blood Bank**

Collection Date	<b>09-May-23</b>		
Collection Time	<b>09:37</b>	Reference	Units
Blood Group	AB POS		
Antibody Screen	Negative	[1]	

[1] 09/05/2023 16:31 ACST

The patient's specimen will be held 7 days from the time of collection. If the patient has been transfused or pregnant within the last 3 months the specimen will be held for 72 hours from the time of collection.

All tests on this request have been completed

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Unless specified, testing has been performed on serum/plasma, general Haematology on whole blood.

Legend: C=Critical, H=High, L=Low, A=Abnormal

For enquiries phone 8222 3000

NATA: 2348

MATHEWS, LISA

9 DE IESO CT, NEWTON. 5074

Phone: 0419857800

Birthdate: 25/03/1978 Sex: F Medicare Number: 51033936092

Your Reference: 000025076 Lab Reference: 23-129-06657#URM-YQ8

Laboratory: SA Pathology

Addressee: DR KATHY WALLACE Referred by: DR KATHY WALLACE

Name of Test: Urine Microbiology: Culture Urine

Requested: 08/05/2023 Collected: 09/05/2023 Reported: 09/05/2023 17:28

**SA Pathology**

Accession No : 23-129-06657  
Referred By : DR KATHY WALLACE  
Report Generated: 09/05/2023 17:28

**Clinical Notes**

LMP 24/03/2023, 34 day cycle, G8P1, miscarriage X 6, father has thalassaemia minor trait, pregnant

**Urine Microbiology**

Collection Date	<b>09-May-23</b>		
Collection Time	<b>09:37</b>	Reference	Units
Urine Source	Urine		
Urine WBC	2	[0-10]	x10 <sup>6</sup> /L
Urine RBC	1	[0-10]	x10 <sup>6</sup> /L
* Urine Epithelial Cells	>10 H	[0-10]	x10 <sup>6</sup> /L
Urine Microscopy Comment	Comment	[1]	

[1] Greater than 10 epithelial cells may indicate unsatisfactory collection

This request has other tests in progress at the time of reporting.

Unless specified, testing has been performed on serum/plasma, general  
Haematology on whole blood.

Legend: C=Critical, H=High, L=Low, A=Abnormal

For enquiries phone 8222 3000

NATA: 2348

MATHEWS, LISA

9 DE IESO CT, NEWTON. 5074

Phone: 0419857800

Birthdate: 25/03/1978 Sex: F Medicare Number: 51033936092

Your Reference: 000025076 Lab Reference: 23-129-06656#SRV-SL4

Laboratory: SA Pathology

Addressee: DR KATHY WALLACE Referred by: DR KATHY WALLACE

Name of Test: Serology - Rubella virus

Requested: 08/05/2023 Collected: 09/05/2023 Reported: 09/05/2023 19:14

#### SA Pathology

Accession No : 23-129-06656

Referred By : DR KATHY WALLACE

Report Generated: 09/05/2023 19:14

#### Clinical Notes

LMP 24/03/2023, 34 day cycle, G8P1, miscarriage X 6, father has thalassaemia minor trait, pregnant

#### Serology - Rubella virus (RubV)

Collection Date	09-May-23		
Collection Time	09:37	Reference	Units
Rubella virus IgG	Detected		
Rubella virus IgG IU/mL	186.00 [1]		IU/mL
Rubella virus IgG Comment	Comment [2]		

[1] Not Detected <10 IU/mL, Detected>=10 IU/mL

[2] The patient is immune. A rubella antibody level of 10 IU/mL or greater is considered necessary to ensure adequate immunity to rubella. The results were obtained with the Elecsys Rubella IgG assay. Results from assays of other manufacturers cannot be used interchangeably. From 22/3/2021 Rubella antibody testing is performed on the Roche e801 analyser.

This request has other tests in progress at the time of reporting.

Unless specified, testing has been performed on serum/plasma, general  
Haematology on whole blood.

Legend: C=Critical, H=High, L=Low, A=Abnormal

For enquiries phone 8222 3000

NATA: 2348

MATHEWS, LISA

9 DE IESO CT, NEWTON. 5074

Phone: 0419857800

Birthdate: 25/03/1978 Sex: F Medicare Number: 51033936092

Your Reference: 000025076 Lab Reference: 23-129-06656#SHC-SA8

Laboratory: SA Pathology

Addressee: DR KATHY WALLACE Referred by: DR KATHY WALLACE

Name of Test: Serology - Hepatitis C virus

Requested: 08/05/2023 Collected: 09/05/2023 Reported: 10/05/2023 11:53

#### SA Pathology

Accession No : 23-129-06656

Referred By : DR KATHY WALLACE

Report Generated: 10/05/2023 11:53

#### Clinical Notes

LMP 24/03/2023, 34 day cycle, G8P1, miscarriage X 6, father has thalassaemia minor trait, pregnant

#### Serology - Hepatitis C virus



Collection Date	<b>09-May-23</b>		
Collection Time	<b>09:37</b>	Reference	Units
Hepatitis C virus Ab	Not Detected		
Hepatitis C virus Ab Comment	Comment	[1]	

[1] No evidence of past or current infection with hepatitis C virus (HCV). HCV antibodies may not appear until 8 to 9 weeks after exposure. From the 22/03/2021 Hepatitis C virus antibody testing is performed on the Roche e801 analyser.

This request has other tests in progress at the time of reporting.

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Unless specified, testing has been performed on serum/plasma, general Haematology on whole blood.  
 Legend: C=Critical, H=High, L=Low, A=Abnormal  
 For enquiries phone 8222 3000 NATA: 2348  
 MATHEWS, LISA  
 9 DE IESO CT, NEWTON. 5074  
 Phone: 0419857800  
 Birthdate: 25/03/1978 Sex: F Medicare Number: 51033936092  
 Your Reference: 000025076 Lab Reference: 23-129-06656#SEH-VW4  
 Laboratory: SA Pathology  
 Addressee: DR KATHY WALLACE Referred by: DR KATHY WALLACE

**Name of Test:** Serology - HIV  
**Requested:** 08/05/2023 **Collected:** 09/05/2023 **Reported:** 10/05/2023 11:53

**SA Pathology** Accession No : 23-129-06656  
 Referred By : DR KATHY WALLACE  
 Report Generated: 10/05/2023 11:53

**Clinical Notes**

LMP 24/03/2023, 34 day cycle, G8Pl, miscarriage X 6, father has thalaasaemia minor trait, pregnant

**Serology - HIV**

Collection Date	<b>09-May-23</b>		
Collection Time	<b>09:37</b>	Reference	Units
HIV 1 and 2 Serology Screen	Not Detected		
HIV 1 and 2 Serology Comment	Comment	[1]	

[1] No serological evidence of infection with HIV-1 and HIV-2. The following results were obtained with Elecsys HIV Duo assay. This test detects both the p24 core antigen and HIV antibodies. This allows for earlier detection of infection in patients who have been exposed to HIV 1 / 2. From 22/3/2021 Human Immunodeficiency virus (HIV) testing is performed on the Roche e801 analyser.

This request has other tests in progress at the time of reporting.

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Unless specified, testing has been performed on serum/plasma, general Haematology on whole blood.  
 Legend: C=Critical, H=High, L=Low, A=Abnormal  
 For enquiries phone 8222 3000 NATA: 2348  
 MATHEWS, LISA  
 9 DE IESO CT, NEWTON. 5074  
 Phone: 0419857800  
 Birthdate: 25/03/1978 Sex: F Medicare Number: 51033936092  
 Your Reference: 000025076 Lab Reference: 23-129-06656#STP-MG9  
 Laboratory: SA Pathology  
 Addressee: DR KATHY WALLACE Referred by: DR KATHY WALLACE

**Name of Test:** Serology - Treponema pallidum  
**Requested:** 08/05/2023 **Collected:** 09/05/2023 **Reported:** 10/05/2023 11:53

**SA Pathology**  
 Accession No : 23-129-06656  
 Referred By : DR KATHY WALLACE  
 Report Generated: 10/05/2023 11:53

**Clinical Notes**  
 LMP 24/03/2023, 34 day cycle, G8P1, miscarraige X 6, father has thalaasaemia minor trait, pregnant

**Serology - Treponema pallidum (Syphilis) (T. pall)**

Collection Date	<b>09-May-23</b>		
Collection Time	<b>09:37</b>	Reference	Units
Treponema pallidum Screen	Not Detected		
T. pallidum Comment	Comment	[1]	

[1] No serological evidence of syphilis.  
 Repeat testing in 10-14 days may be indicated.  
 For interpretative assistance phone Adelaide Sexual Health Centre (formerly Clinic 275) Ph (08) 7117 2800 or the On Call Microbiologist.  
 From the 22/03/2021 Syphilis antibody testing is performed on the Roche e801 analyser.

This request has other tests in progress at the time of reporting.

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Unless specified, testing has been performed on serum/plasma, general Haematology on whole blood.  
 Legend: C=Critical, H=High, L=Low, A=Abnormal  
 For enquiries phone 8222 3000 NATA: 2348  
 MATHEWS, LISA  
 9 DE IESO CT, NEWTON. 5074  
 Phone: 0419857800  
 Birthdate: 25/03/1978 Sex: F Medicare Number: 51033936092  
 Your Reference: 000025076 Lab Reference: 23-129-06656#SHB-SZ8  
 Laboratory: SA Pathology  
 Addressee: DR KATHY WALLACE Referred by: DR KATHY WALLACE

**Name of Test:** Serology - Hepatitis B virus: Antenatal (HIV,HBV sAg,HCV Ab,Rub G,Syp)  
**Requested:** 08/05/2023 **Collected:** 09/05/2023 **Reported:** 10/05/2023 14:29

**SA Pathology**  
 Accession No : 23-129-06656  
 Referred By : DR KATHY WALLACE  
 Report Generated: 10/05/2023 14:29

**Clinical Notes**  
 LMP 24/03/2023, 34 day cycle, G8P1, miscarraige X 6, father has thalaasaemia minor trait, pregnant

**Serology - Hepatitis B virus**

Collection Date	<b>09-May-23</b>		
Collection Time	<b>09:37</b>	Reference	Units
Hepatitis B virus surface Ag	Not Detected		
Hepatitis B virus Comment	Comment	[1]	

[1] No serological evidence of current active infection with hepatitis B virus (HBV). Recent infection can be determined by HBV core IgM antibody testing. Past infection with HBV can be determined by HBV core total antibody testing.  
 From 22/3/2021 Hepatitis B virus testing is performed on the Roche e801 analyser.

This request has other tests in progress at the time of reporting.

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Unless specified, testing has been performed on serum/plasma, general  
Haematology on whole blood.

Legend: C=Critical, H=High, L=Low, A=Abnormal

For enquiries phone 8222 3000

NATA: 2348

MATHEWS, LISA

9 DE IESO CT, NEWTON. 5074

Phone: 0419857800

Birthdate: 25/03/1978 Sex: F Medicare Number: 51033936092

Your Reference: 000025076 Lab Reference: 23-129-06657#BAC-YE2

Laboratory: SA Pathology

Addressee: DR KATHY WALLACE Referred by: DR KATHY WALLACE

Name of Test: Bacteriology: Culture Urine

Requested: 08/05/2023 Collected: 09/05/2023 Reported: 10/05/2023 15:00

#### SA Pathology

Accession No : 23-129-06657  
Referred By : DR KATHY WALLACE  
Report Generated: 10/05/2023 15:00

#### Clinical Notes

LMP 24/03/2023, 34 day cycle, G8P1, miscarriage X 6, father has thalassaemia minor trait, pregnant

#### Urine Microbiology

Collection Date	09-May-23		
Collection Time	09:37	Reference	Units
Urine Source	Urine		
Urine WBC	2	[0-10]	x10 <sup>6</sup> /L
Urine RBC	1	[0-10]	x10 <sup>6</sup> /L
* Urine Epithelial Cells	>10 H	[0-10]	x10 <sup>6</sup> /L
Urine Microscopy Comment	Comment [1]		

[1] Greater than 10 epithelial cells may indicate unsatisfactory collection

#### Preliminary Report

Preliminary Date/Time - 10-MAY-2023 15:00

10<sup>4</sup>-10<sup>5</sup> /mL Streptococcus agalactiae (Group B)

Sensitivity results to follow

Group B streptococcus (GBS) is a leading cause of maternal and/or neonatal infection and intra-partum antimicrobial prophylaxis with IV penicillin is indicated. GBS is universally susceptible to penicillin while clindamycin resistance may occur in up to 20% of local isolates. For penicillin-allergic patients without an immediate severe hypersensitivity (anaphylaxis) use cephazolin. For patients with a severe immediate penicillin hypersensitivity (anaphylaxis) use clindamycin (if sensitive) or vancomycin (if clindamycin resistant or the sensitivity is unknown).

This request has other tests in progress at the time of reporting.

---

Unless specified, testing has been performed on serum/plasma, general  
Haematology on whole blood.

Legend: C=Critical, H=High, L=Low, A=Abnormal

For enquiries phone 8222 3000

NATA: 2348

MATHEWS, LISA

9 DE IESO CT, NEWTON. 5074

Phone: 0419857800

Birthdate: 25/03/1978 Sex: F Medicare Number: 51033936092

Your Reference: 000025076 Lab Reference: 23-129-06656#SVZ-SQ3

Laboratory: SA Pathology

Addressee: DR KATHY WALLACE Referred by: DR KATHY WALLACE

Name of Test: Serology - Varicella zoster virus

Requested: 08/05/2023 Collected: 09/05/2023 Reported: 11/05/2023 16:06

**SA Pathology**

Accession No : 23-129-06656  
Referred By : DR KATHY WALLACE  
Report Generated: 11/05/2023 16:06

**Clinical Notes**

LMP 24/03/2023, 34 day cycle, G8P1, miscarriage X 6, father has thalassaemia minor trait, pregnant

**Serology - Varicella zoster virus (VZV)**

Collection Date	09-May-23		
Collection Time	09:37	Reference	Units
Varicella zoster virus (VZV)	Detected		
IgG			
VZV IgG mIU/mL	1758	[1]	mIU/mL
VZV IgG Comment	See Note	[2]	

[1] Not Detected <135 mIU/mL, Equivocal >=135 - <=165 mIU/mL, Detected >165 mIU/mL

[2] Serological evidence of past or recent infection or vaccination with varicella zoster virus.

If lesions are present varicella zoster virus nucleic acid testing (NAT) is the preferred method of diagnosis.

This request has other tests in progress at the time of reporting.

Unless specified, testing has been performed on serum/plasma, general Haematology on whole blood.

Legend: C=Critical, H=High, L=Low, A=Abnormal

For enquiries phone 8222 3000

NATA: 2348

MATHEWS, LISA

9 DE IESO CT, NEWTON. 5074

Phone: 0419857800

Birthdate: 25/03/1978 Sex: F Medicare Number: 51033936092

Your Reference: 000025076 Lab Reference: 23-129-06657#BAC-YE2

Laboratory: SA Pathology

Addressee: DR KATHY WALLACE Referred by: DR KATHY WALLACE

Name of Test: Bacteriology: Culture Urine

Requested: 08/05/2023 Collected: 09/05/2023 Reported: 11/05/2023 18:02

**SA Pathology**

Accession No : 23-129-06657  
Referred By : DR KATHY WALLACE  
Report Generated: 11/05/2023 18:02

**Clinical Notes**

LMP 24/03/2023, 34 day cycle, G8P1, miscarriage X 6, father has thalassaemia minor trait, pregnant

**Urine Microbiology**

Collection Date	09-May-23		
Collection Time	09:37	Reference	Units
Urine Source	Urine		
Urine WBC	2	[0-10]	x10 <sup>6</sup> /L
Urine RBC	1	[0-10]	x10 <sup>6</sup> /L
* Urine Epithelial Cells	>10 H	[0-10]	x10 <sup>6</sup> /L
Urine Microscopy Comment	Comment	[1]	

[1] Greater than 10 epithelial cells may indicate unsatisfactory collection

Source: Urine

## Final Report

Final Date/Time - 11-MAY-2023 18:02

10<sup>4</sup>-10<sup>5</sup> /mL Streptococcus agalactiae (Group B)

Group B streptococcus (GBS) is a leading cause of maternal and/or neonatal infection and intra-partum antimicrobial prophylaxis with IV penicillin is indicated. GBS is universally susceptible to penicillin while clindamycin resistance may occur in up to 20% of local isolates. For penicillin-allergic patients without an immediate severe hypersensitivity (anaphylaxis) use cephazolin. For patients with a severe immediate penicillin hypersensitivity (anaphylaxis) use clindamycin (if sensitive) or vancomycin (if clindamycin resistant or the sensitivity is unknown).

## Susceptibility Results

Streptococcus agalactiae (Group B)

	Interp
Ampicillin	S
Cephalexin	S
Nitrofurantoin	S

All tests on this request have been completed

---

Unless specified, testing has been performed on serum/plasma, general Haematology on whole blood.

Legend: C=Critical, H=High, L=Low, A=Abnormal

For enquiries phone 8222 3000

NATA: 2348

MATHEWS, LISA

9 DE IESO CT, NEWTON. 5074

Phone: 0419857800

Birthdate: 25/03/1978 Sex: F Medicare Number: 51033936092

Your Reference: 000025076 Lab Reference: 23-129-06656#IRS-SH2

Laboratory: SA Pathology

Addressee: DR KATHY WALLACE Referred by: DR KATHY WALLACE

Name of Test: Iron Studies: Ferritin

Requested: 08/05/2023 Collected: 09/05/2023 Reported: 11/05/2023 18:48

## SA Pathology

Accession No : 23-129-06656  
Referred By : DR KATHY WALLACE  
Report Generated: 11/05/2023 18:48

## Clinical Notes

LMP 24/03/2023, 34 day cycle, G8P1, miscarriage X 6, father has thalassaemia minor trait, pregnant

## Iron Studies

Collection Date	09-May-23		
Collection Time	09:37	Reference	Units
Fasting	NS		
Ferritin	80	[30-250]	ug/L

This request has other tests in progress at the time of reporting.

---

Unless specified, testing has been performed on serum/plasma, general Haematology on whole blood.

Legend: C=Critical, H=High, L=Low, A=Abnormal

For enquiries phone 8222 3000

NATA: 2348

MATHEWS, LISA

9 DE IESO CT, NEWTON. 5074

Phone: 0419857800

Birthdate: 25/03/1978 Sex: F Medicare Number: 51033936092

Your Reference: 000025076 Lab Reference: 23-129-06656#HAE-YC1  
 Laboratory: SA Pathology  
 Addressee: DR KATHY WALLACE Referred by: DR KATHY WALLACE

Name of Test: Haematology: Haemoglobin Variants  
 Requested: 08/05/2023 Collected: 09/05/2023 Reported: 11/05/2023 20:55

SA Pathology Accession No : 23-129-06656  
 Referred By : DR KATHY WALLACE  
 Report Generated: 11/05/2023 20:55

#### Clinical Notes

LMP 24/03/2023, 34 day cycle, G8P1, miscarriage X 6, father has thalassaemia minor trait, pregnant

#### General Haematology

Collection Date	09-May-23		
Collection Time	09:37	Reference	Units
CBE Comment	Comment [1]		
Film Review	Complete		
* Haemoglobin	105 L	[115-155]	g/L
White Cell Count	7.34	[4.00-11.00]	x10 <sup>9</sup> /L
Platelet Count	306	[150-450]	x10 <sup>9</sup> /L
* Red Cell Count	3.50 L	[3.80-5.20]	x10 <sup>12</sup> /L
* Haematocrit	0.32 L	[0.35-0.45]	L/L
MCV	90.3	[80.0-98.0]	fL
MCH	30	[27-33]	pg
MCHC	332	[310-360]	g/L
* RDW	11.9 L	[12.0-15.0]	%
* Mean Platelet Volume	9.30 L	[9.50-13.00]	fL
Neutrophils	5.36	[1.80-7.50]	x10 <sup>9</sup> /L
Neutrophils %	73		%
Lymphocytes	1.56	[1.10-3.50]	x10 <sup>9</sup> /L
Lymphocytes %	21		%
Monocytes	0.33	[0.20-0.80]	x10 <sup>9</sup> /L
Monocytes %	4		%
Eosinophils	0.06	[0.02-0.50]	x10 <sup>9</sup> /L
Eosinophils %	1		%
Basophils	0.03	[<=0.10]	x10 <sup>9</sup> /L
Basophils %	0		%
Rouleaux RBC	1+		
Hb A2	2.6 [2]	[1.8-3.2]	%
Hb Variant Comment	See Note [3]		

[1] Please note the following pregnancy reference intervals apply:

Hb (1st trimester) 110 - 160 g/L  
 Hb (2nd and 3rd trimester) 105 - 160 g/L  
 RCC 3.50 - 5.30 10<sup>12</sup>/L  
 HCT 0.32 - 0.47 L/L  
 MCV 82 - 101 fL  
 WCC 4.0 - 15.0 10<sup>9</sup>/L  
 Neutrophils Abs 2.9 - 12.9 10<sup>9</sup>/L

Mild normocytic, normochromic anaemia.

Please note the following pregnancy reference intervals apply:

Hb (1st trimester) 110 - 160 g/L  
 Hb (2nd and 3rd trimester) 105 - 160 g/L  
 RCC 3.50 - 5.30 10<sup>12</sup>/L  
 HCT 0.32 - 0.47 L/L  
 MCV 82 - 101 fL  
 WCC 4.0 - 15.0 10<sup>9</sup>/L  
 Neutrophils Abs 2.9 - 12.9 10<sup>9</sup>/L

[2] Note: due to a change in haemoglobin separation methodology, to capillary electrophoresis, there is a corresponding change to the reference interval for HbA2, (previously by HPLC, 1.8 - 3.4%).

[3] No evidence of thalassaemia or haemoglobin variant detected by capillary electrophoresis and CBE analysis.

For patients who are pregnant or planning pregnancy, formal assessment of reproductive risk requires information on both the male and female partner

to be considered.

This request has other tests in progress at the time of reporting.

---

Unless specified, testing has been performed on serum/plasma, general  
Haematology on whole blood.

Legend: C=Critical, H=High, L=Low, A=Abnormal

For enquiries phone 8222 3000

NATA: 2348

MATHEWS, Lisa

19 Deieso Court, NEWTON SA. 5074

Birthdate: 25/03/1978 Sex: F Medicare Number: 5103393609

Your Reference: 80.286175 Lab Reference: CAM

Addressee: Dr Kathy Wallace Referred by: Dr Kathy Wallace

Name of Test: OBSTETRIC ULTRASOUND

Requested: 11/05/2023 Collected: 27/05/2023 Reported: 27/05/2023 10:22

Laboratory: RadiologySA

Patient ID: 80.286175

Dr Kathy Wallace

Order: 80.1686181\_1

27 May 2023

Campbelltown - Radiology SA

Dr Kathy Wallace

511 Lower North East Road

78 Muller Road

CAMPBELLTOWN 5074

GREENACRES 5086

0884020212

praxis@promedix.net

Inteleviewer Only

Exam Date: 27 May 2023

C Karipidis

AK

Re: Ms Lisa MATHEWS

DOB: 25/03/1978

19 Deieso Court NEWTON SA 5074

Folio: 80.286175

Accession: 80.1686181

#### EARLY OBSTETRIC ULTRASOUND

Clinical Indication: Obstetric, pregnant.

History: Age 45 years. G 8 P 1

A transabdominal ultrasound has been performed.

Findings: There is a single fetus. Fetal cardiac activity present. FHR: 156bpm.

Uterus: Anteverted.

There is a 7 x 6mm posterior, intramural fibroid seen.

Gestational sac: Fundal (MSD 19mm: 6w 6d)

Placenta: Good decidual reaction

Retroplacental area: Normal

Yolk sac: Present.

Embryo: Present.

CRL: 16mm (8w 0d).

Average ultrasound age is 8 weeks 0 days +/- 5 days. The EDC based on AUA is 06/01/2024.

Cervix: Closed.

Thank you for referring Ms Lisa MATHEWS.

Dr A KOUKOUROU

Electronically signed by Dr Adam Koukourou at 10:23 AM Sat, 27 May 2023

MATHEWS, LISA  
 9 DE IESO CT, NEWTON. 5074  
**Phone:** 0419857800  
**Birthdate:** 25/03/1978 **Sex:** F **Medicare Number:** 51033936092  
**Your Reference:** **Lab Reference:** 23-149-06029#URM-YQ8  
**Laboratory:** SA Pathology  
**Addressee:** DR KATHY WALLACE **Referred by:** DR KATHY WALLACE

**Name of Test:** Urine Microbiology: Culture Urine  
**Requested:** 17/05/2023 **Collected:** 29/05/2023 **Reported:** 29/05/2023 16:59

**SA Pathology** Accession No : 23-149-06029  
 Referred By : DR KATHY WALLACE  
 Report Generated: 29/05/2023 16:59

**Clinical Notes**

? Group B Strep on last sample, but it was not a mid stream. Pregnant LMP 24.03.2023 EDC 04.01.2024

**Urine Microbiology**

Collection Date	29-May-23		
Collection Time	12:15	Reference	Units
Urine Source	Urine		
Urine WBC	5	[0-10]	x10^6/L
Urine RBC	0	[0-10]	x10^6/L
* Urine Epithelial Cells	>10 H	[0-10]	x10^6/L
Urine Microscopy Comment	Comment [1]		

[1] Greater than 10 epithelial cells may indicate unsatisfactory collection

This request has other tests in progress at the time of reporting.

**Copy To:** COPY TO MEDICAL RECORDS

---

Unless specified, testing has been performed on serum/plasma, general Haematology on whole blood.  
 Legend: C=Critical, H=High, L=Low, A=Abnormal  
 For enquiries phone 8222 3000 NATA: 2348  
 MATHEWS, LISA  
 9 DE IESO CT, NEWTON. 5074  
**Phone:** 0419857800  
**Birthdate:** 25/03/1978 **Sex:** F **Medicare Number:** 51033936092  
**Your Reference:** **Lab Reference:** 23-149-06029#BAC-YE2  
**Laboratory:** SA Pathology  
**Addressee:** DR KATHY WALLACE **Referred by:** DR KATHY WALLACE

**Name of Test:** Bacteriology: Culture Urine  
**Requested:** 17/05/2023 **Collected:** 29/05/2023 **Reported:** 31/05/2023 11:57

**SA Pathology** Accession No : 23-149-06029  
 Referred By : DR KATHY WALLACE  
 Report Generated: 31/05/2023 11:57

**Clinical Notes**

? Group B Strep on last sample, but it was not a mid stream. Pregnant LMP 24.03.2023 EDC 04.01.2024

**Urine Microbiology**

Collection Date	29-May-23		
Collection Time	12:15	Reference	Units



Urine Source	Urine		
Urine WBC	5	[0-10]	x10 <sup>6</sup> /L
Urine RBC	0	[0-10]	x10 <sup>6</sup> /L
* Urine Epithelial Cells	>10 H	[0-10]	x10 <sup>6</sup> /L
Urine Microscopy Comment	Comment	[1]	

[1] Greater than 10 epithelial cells may indicate unsatisfactory collection

#### Preliminary Report

Preliminary Date/Time - 31-MAY-2023 11:56  
 10<sup>4</sup>-10<sup>5</sup> /mL Streptococcus agalactiae (Group B)  
 Sensitivity results to follow  
 Group B streptococcus (GBS) is a leading cause of maternal and/or neonatal infection and intra-partum antimicrobial prophylaxis with IV penicillin is indicated. GBS is universally susceptible to penicillin while clindamycin resistance may occur in up to 20% of local isolates. For penicillin-allergic patients without an immediate severe hypersensitivity (anaphylaxis) use cephazolin. For patients with a severe immediate penicillin hypersensitivity (anaphylaxis) use clindamycin (if sensitive) or vancomycin (if clindamycin resistant or the sensitivity is unknown). This request has other tests in progress at the time of reporting.

**Copy To:** COPY TO MEDICAL RECORDS

---

Unless specified, testing has been performed on serum/plasma, general Haematology on whole blood.  
 Legend: C=Critical, H=High, L=Low, A=Abnormal  
 For enquiries phone 8222 3000 NATA: 2348  
 MATHEWS, LISA  
 9 DE IESO CT, NEWTON. 5074  
 Phone: 0419857800  
 Birthdate: 25/03/1978 Sex: F Medicare Number: 51033936092  
 Your Reference: Lab Reference: 23-149-06029#BAC-YE2  
 Laboratory: SA Pathology  
 Addressee: DR KATHY WALLACE Referred by: DR KATHY WALLACE  
 Name of Test: Bacteriology: Culture Urine  
 Requested: 17/05/2023 Collected: 29/05/2023 Reported: 02/06/2023 12:56

**SA Pathology** Accession No : 23-149-06029  
 Referred By : DR KATHY WALLACE  
 Report Generated: 02/06/2023 12:56

#### Clinical Notes

? Group B Strep on last sample, but it was not a mid stream. Pregnant LMP 24.03.2023 EDC 04.01.2024

#### Urine Microbiology

Collection Date	29-May-23		
Collection Time	12:15	Reference	Units
Urine Source	Urine		
Urine WBC	5	[0-10]	x10 <sup>6</sup> /L
Urine RBC	0	[0-10]	x10 <sup>6</sup> /L
* Urine Epithelial Cells	>10 H	[0-10]	x10 <sup>6</sup> /L
Urine Microscopy Comment	Comment	[1]	

[1] Greater than 10 epithelial cells may indicate unsatisfactory collection

Source: Urine

#### Final Report

Final Date/Time - 02-JUN-2023 12:56  
 10<sup>4</sup>-10<sup>5</sup> /mL Streptococcus agalactiae (Group B)  
 Organism reported is predominant in a mixed growth

Group B streptococcus (GBS) is a leading cause of maternal and/or neonatal infection and intra-partum antimicrobial prophylaxis with IV penicillin is indicated. GBS is universally susceptible to penicillin while clindamycin resistance may occur in up to 20% of local isolates. For penicillin-allergic patients without an immediate severe hypersensitivity (anaphylaxis) use cephazolin. For patients with a severe immediate penicillin hypersensitivity (anaphylaxis) use clindamycin (if sensitive) or vancomycin (if clindamycin resistant or the sensitivity is unknown).

#### Susceptibility Results

Streptococcus agalactiae (Group B)  
Interp  
Ampicillin S  
Cephalexin S

All tests on this request have been completed

**Copy To:** COPY TO MEDICAL RECORDS

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Unless specified, testing has been performed on serum/plasma, general  
Haematology on whole blood.  
Legend: C=Critical, H=High, L=Low, A=Abnormal  
For enquiries phone 8222 3000 NATA: 2348

MATHEWS, LISA  
9 DE IESO CT, NEWTON. 5074  
**Phone:** 0419857800  
**Birthdate:** 25/03/1978 **Sex:** F **Medicare Number:** 51033936092  
**Your Reference:** 00025249 **Lab Reference:** 23-164-11203#URM-YQ8  
**Laboratory:** SA Pathology  
**Addressee:** DR KATHY WALLACE **Referred by:** DR KATHY WALLACE

**Name of Test:** Urine Microbiology: Culture Urine  
**Requested:** 31/05/2023 **Collected:** 13/06/2023 **Reported:** 13/06/2023 20:15

**SA Pathology**  
Accession No : 23-164-11203  
Referred By : DR KATHY WALLACE  
Report Generated: 13/06/2023 20:15

#### Clinical Notes

epithelial cells contamination pregnant lmp24/3/23 edc 4/1/24

#### Urine Microbiology

Collection Date	13-Jun-23	Reference	Units
Collection Time	12:30		
Urine Source	Urine		
Urine WBC	2	[0-10]	x10 <sup>6</sup> /L
Urine RBC	0	[0-10]	x10 <sup>6</sup> /L
Urine Epithelial Cells	2	[0-10]	x10 <sup>6</sup> /L

This request has other tests in progress at the time of reporting.

---

Unless specified, testing has been performed on serum/plasma, general  
Haematology on whole blood.  
Legend: C=Critical, H=High, L=Low, A=Abnormal  
For enquiries phone 8222 3000 NATA: 2348

MATHEWS, LISA  
9 DE IESO CT, NEWTON. 5074  
**Phone:** 0419857800  
**Birthdate:** 25/03/1978 **Sex:** F **Medicare Number:** 51033936092  
**Your Reference:** 00025249 **Lab Reference:** 23-164-11203#BAC-YE2  
**Laboratory:** SA Pathology  
**Addressee:** DR KATHY WALLACE **Referred by:** DR KATHY WALLACE

**Name of Test:** Bacteriology: Culture Urine

Requested: 31/05/2023 Collected: 13/06/2023 Reported: 16/06/2023 05:11

**SA Pathology**

Accession No : 23-164-11203  
Referred By : DR KATHY WALLACE  
Report Generated: 16/06/2023 05:11

**Clinical Notes**

epithelial cells contamination pregnant lmp24/3/23 edc 4/1/24

**Urine Microbiology**

Collection Date	13-Jun-23		
Collection Time	12:30	Reference	Units
Urine Source	Urine		
Urine WBC	2	[0-10]	x10 <sup>6</sup> /L
Urine RBC	0	[0-10]	x10 <sup>6</sup> /L
Urine Epithelial Cells	2	[0-10]	x10 <sup>6</sup> /L

Source: Urine

**Final Report**

Final Date/Time - 16-JUN-2023 05:10  
<10<sup>4</sup> /mL Streptococcus agalactiae (Group B)  
Group B streptococcus (GBS) is a leading cause of maternal and/or neonatal infection and intra-partum antimicrobial prophylaxis with IV penicillin is indicated. GBS is universally susceptible to penicillin while clindamycin resistance may occur in up to 20% of local isolates. For penicillin-allergic patients without an immediate severe hypersensitivity (anaphylaxis) use cephazolin. For patients with a severe immediate penicillin hypersensitivity (anaphylaxis) use clindamycin (if sensitive) or vancomycin (if clindamycin resistant or the sensitivity is unknown).

**Susceptibility Results**

Streptococcus agalactiae (Group B)

	Interp
Ampicillin	S
Cephalexin	S
Nitrofurantoin	S

All tests on this request have been completed

---

Unless specified, testing has been performed on serum/plasma, general Haematology on whole blood.  
Legend: C=Critical, H=High, L=Low, A=Abnormal  
For enquiries phone 8222 3000 NATA: 2348  
MATHEWS, LISA  
9 DE IESO CRT, NEWTON. 5074  
Phone: 0419857800  
Birthdate: 25/03/1978 Sex: F Medicare Number: 51033936092  
Your Reference: Lab Reference: 23-78567307-ANF-0  
Laboratory: AUSTRALIAN CLINICAL LABS  
Addressee: DR KATHY WALLACE Referred by: DEE (CATHERINE) MCCORMACK  
Copy to:  
DR KATHY WALLACE

Name of Test: ANTI-NUCLEAR ANTIBODIES  
Requested: 09/08/2023 Collected: 26/08/2023 Reported: 17/11/2023 15:34

**CLINICAL NOTES:** miscarriages for work up

IMMUNOLOGY

**ANTINUCLEAR ANTIBODIES**

**SPECIMEN: SERUM**

Anti-nuclear Antibody: titre < 160 (< 160)

**COMMENT:** Antinuclear antibody activity not detected.

ANF-R GTT-R INM-R HCY-R OHD-R BFO-R FBE-R

All tests on this request have now been completed

MATHEWS, LISA

9 DE IESO CRT, NEWTON. 5074

Phone: 0419857800

Birthdate: 25/03/1978 Sex: F Medicare Number: 51033936092

Your Reference: Lab Reference: 23-78567307-BFM-0

Laboratory: AUSTRALIAN CLINICAL LABS

Addressee: DR KATHY WALLACE Referred by: DEE (CATHERINE) MCCORMACK

Copy to:

DR KATHY WALLACE

Name of Test: B12, FOLATE (SERUM/RBC)

Requested: 09/08/2023 Collected: 26/08/2023 Reported: 17/11/2023 15:35

**CLINICAL NOTES:** miscarriages for work up

BIOCHEMISTRY

**VITAMIN B12 AND FOLATE**

**SPECIMEN: SERUM/BLOOD**

Date: 26/08/23 07/08/21

Time: 10:44 11:30

Lab Number: 78567307 55025926

Vitamin B12	309	271		pmol/L
Active B12	> 146	> 146	(> 30)	pmol/L
Folate	48.6			nmol/L

78567307 Normal B12 and folate results.

RANGES	B12	Serum Folate	Red Cell Folate
Normal	> 180	> 10.0	> 450
Equivocal	150 - 180	5.0 - 10.0	350 - 450
Deficient	< 150	< 5.0	< 350

Vitamin B12 and Folate analyses are performed on the Siemens Centaur/Atellica.

ANF-R GTT-R INM-R HCY-R OHD-R BFO-R FBE-R

All tests on this request have now been completed

MATHEWS, LISA

9 DE IESO CRT, NEWTON. 5074

Phone: 0419857800

Birthdate: 25/03/1978 Sex: F Medicare Number: 51033936092

Your Reference: Lab Reference: 23-78567307-GTT-0

Laboratory: AUSTRALIAN CLINICAL LABS

Addressee: DR KATHY WALLACE Referred by: DEE (CATHERINE) MCCORMACK

Copy to:

DR KATHY WALLACE

Name of Test: GLUCOSE TOLERANCE TEST

Requested: 09/08/2023 Collected: 26/08/2023 Reported: 17/11/2023 15:35

**CLINICAL NOTES:** miscarriages for work up

BIOCHEMISTRY

**ORAL GLUCOSE TOLERANCE TEST - 75g LOAD**

**SPECIMEN: PLASMA**

Time	Plasma Glucose
Fasting	5.0 mmol/L
1.0 hour	4.3 mmol/L
2.0 hour	5.5 mmol/L

**INTERPRETATION**

Consistent with normal glucose tolerance.

**DIAGNOSTIC CRITERIA (Glucose mmol/L):**

**Impaired Fasting Glycaemia:** Fasting 6.1 - 6.9

**Impaired Glucose Tolerance:** 2 Hr 7.8 - 11.0

**Diabetes Mellitus:** Fasting > 6.9 or 2 Hr > 11.0

**ADIPS Gest. Diabetes:** Fasting > 5.0 or 1 Hr > 9.9 or 2 Hr > 8.4

(Ref: Definition and diagnosis of diabetes mellitus and intermediate hyperglycemia. WHO 2006.)

(Ref: ADIPS Consensus Guidelines for Testing & Diagnosis of gestational DM in Australia 2014 www.adips.org).

ANF-R GTT-R INM-R HCY-R OHD-R BFO-R FBE-R

All tests on this request have now been completed

MATHEWS, LISA

9 DE IESO CRT, NEWTON. 5074

**Phone:** 0419857800

**Birthdate:** 25/03/1978 **Sex:** F **Medicare Number:** 51033936092

**Your Reference:** **Lab Reference:** 23-78567307-HAE-0

**Laboratory:** AUSTRALIAN CLINICAL LABS

**Addressee:** DR KATHY WALLACE **Referred by:** DEE (CATHERINE) MCCORMACK

**Copy to:**

DR KATHY WALLACE

**Name of Test:** ROUTINE HAEMATOLOGY

**Requested:** 09/08/2023 **Collected:** 26/08/2023 **Reported:** 17/11/2023 15:35

**CLINICAL NOTES:** miscarriages for work up

**HAEMATOLOGY**

**SPECIMEN: WHOLE BLOOD**

Date: 26/08/23 07/08/21 (# Refers to current  
Coll. Time: 10:44 11:30 result only)  
Lab Number: 78567307 55025926

<b>HAEMOGLOBIN</b>	117	*	<b>114</b>	(115 - 165) g/L
RBC	3.97	*	<b>3.69</b>	(3.80 - 5.50)x10 ^12 /L
HCT	0.36	*	<b>0.34</b>	(0.35 - 0.47)
MCV	91		91	(80 - 99) fL
MCH	29.5		30.9	(27.0 - 34.0)pg
MCHC	324		339	(310 - 360) g/L
RDW	12.1		11.9	(11.0 - 15.0)%
<b>WCC</b>	5.9		9.1	(4.0 - 11.0) x10 ^9 /L
Neutrophils	3.7		6.9	(2.0 - 8.0) x10 ^9 /L
Lymphocytes	1.7		1.6	(1.0 - 4.0) x10 ^9 /L
Monocytes	0.4		0.5	(< 1.1) x10 ^9 /L
Eosinophils	0.1		< 0.1	(< 0.7) x10 ^9 /L
Basophils	< 0.1		0.0	(< 0.3) x10 ^9 /L
<b>PLATELETS</b>	338		352	(150 - 450) x10 ^9 /L

#78567307 : The red cell, white cell and platelet parameters are within normal limits.

ANF-R GTT-R INM-R HCY-R OHD-R BFO-R FBE-R

All tests on this request have now been completed

MATHEWS, LISA

9 DE IESO CRT, NEWTON. 5074

**Phone:** 0419857800

**Birthdate:** 25/03/1978 **Sex:** F **Medicare Number:** 51033936092

**Your Reference:** **Lab Reference:** 23-78567307-INM-0

**Laboratory:** AUSTRALIAN CLINICAL LABS

**Addressee:** DR KATHY WALLACE      **Referred by:** DEE (CATHERINE) MCCORMACK  
**Copy to:**  
 DR KATHY WALLACE

**Name of Test:** INSULIN - MULTIPLE  
**Requested:** 09/08/2023      **Collected:** 26/08/2023      **Reported:** 17/11/2023      15:35

**CLINICAL NOTES:** miscarriages for work up

MULTIPLE INSULINS

Time	Serum Insulin	
Fasting	4 mU/L	(2 - 12)
1 hour	28 mU/L	(9 - 45)
2 hour	26 mU/L	(5 - 30)

ANF-R GTT-R INM-R HCY-R OHD-R BFO-R FBE-R

All tests on this request have now been completed

MATHEWS, LISA  
 9 DE IESO CRT, NEWTON. 5074  
**Phone:** 0419857800  
**Birthdate:** 25/03/1978      **Sex:** F      **Medicare Number:** 51033936092  
**Your Reference:**      **Lab Reference:** 23-78567307-HCY-0  
**Laboratory:** AUSTRALIAN CLINICAL LABS  
**Addressee:** DR KATHY WALLACE      **Referred by:** DEE (CATHERINE) MCCORMACK  
**Copy to:**  
 DR KATHY WALLACE

**Name of Test:** HOMOCYSTEINE  
**Requested:** 09/08/2023      **Collected:** 26/08/2023      **Reported:** 17/11/2023      15:35

**CLINICAL NOTES:** miscarriages for work up

GENERAL CHEMISTRY

**HOMOCYSTEINE**

**SPECIMEN: SERUM**

Date	Time	Lab No.	Fasting status	Homocysteine	Units	Ref Range
26/08/23	10:44	78567307	Fasting	10.1	umol/L	(5.0 - 15.0)

78567307 Normal homocysteine level.  
 Homocysteine concentrations have been used to categorise  
 Cardiovascular risk:  
 <10 umol/L - desirable  
 10 - 15 umol/L - intermediate risk  
 15 - 30 umol/L - high risk  
 >30 umol/L - very high risk.

ANF-R GTT-R INM-R HCY-R OHD-R BFO-R FBE-R

All tests on this request have now been completed

MATHEWS, LISA  
 9 DE IESO CRT, NEWTON. 5074  
**Phone:** 0419857800  
**Birthdate:** 25/03/1978      **Sex:** F      **Medicare Number:** 51033936092  
**Your Reference:**      **Lab Reference:** 23-78567307-OHD-0  
**Laboratory:** AUSTRALIAN CLINICAL LABS  
**Addressee:** DR KATHY WALLACE      **Referred by:** DEE (CATHERINE) MCCORMACK  
**Copy to:**  
 DR KATHY WALLACE

**Name of Test:** VITAMIN D  
**Requested:** 09/08/2023      **Collected:** 26/08/2023      **Reported:** 17/11/2023      15:35

**CLINICAL NOTES:** miscarriages for work up

ENDOCRINOLOGY

**VITAMIN D**

**SPECIMEN: SERUM**

Date	Req. No.	25-hydroxy Vitamin D	
26/08/23	78567307	*	48 nmol/L

78567307 Vitamin D remains low. Suggest review vitamin D dose and compliance if on treatment.

**Interpretation:**

Vitamin D deficiency <50 nmol/L  
Severe deficiency <20 nmol/L

**COMMENT:** Vitamin D sufficiency is defined as greater than or equal to 50 nmol/L at the end of winter (level may need to be 10-20 nmol/L higher at the end of summer).

Reference: Position Statement. Vitamin D and Health in Adults in Australia and New Zealand. MJA,196(11): 686-687, 2012.

ANF-R GTT-R INM-R HCY-R OHD-R BFO-R FBE-R

All tests on this request have now been completed