

Patient Name: WADE, JANINE
Patient Address: U 1 88 RAGLAN ST, MANLY, NSW 2095
D.O.B: 14/01/1982
Medicare No.: 2745411823
Lab. Reference:
Addressee: DR J THOMPSON
Gender: F
IHI No.:
Provider: Laverty Pathology
Referred by: DR J THOMPSON
Date Requested: 14/07/2020
Date Collected: 14/07/2020
Specimen:
Subject(Test Name): FBE-0 (HAEMATOLOGY)
Clinical Information:

Laverty Pathology

Clinical Notes : infertility.

<u>HAEMATOLOGY</u>					
Date Collected	14 Jul 20				
Time Collected	15:39				
Specimen Type: EDTA					
Hb	133 g/L	(115-165)	WBC	6.9 x10 ⁹ /L	(4.0-11.0)
RCC	4.2 x10 ¹² /L	(3.9-5.8)	Neut	4.0 x10 ⁹ /L	(2.0-7.5)
Hct	0.40	(0.34-0.47)	Lymp	1.9 x10 ⁹ /L	(1.0-4.0)
MCV	95 fL	(79-99)	Mono	0.7 x10 ⁹ /L	(0.2-1.0)
MCH	32 pg	(27-34)	Eos	0.2 x10 ⁹ /L	(< 0.7)
MCHC	335 g/L	(320-360)	Baso	0.1 x10 ⁹ /L	(< 0.2)
RDW	11.6 %	(10.0-17.0)			
Plat	252 x10 ⁹ /L	(150-400)			

HAEMATOLOGY: FBC parameters are within reference range.

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Date Requested: 14/07/2020
Date Collected: 14/07/2020
Specimen: FE-0 (IRON STUDIES)
Subject(Test Name):
Clinical Information:

Gender: F
IHI No.:
Provider: Lavery Pathology
Referred by: DR J THOMPSON
Date Performed: 14/07/2020
Complete: No

Lavery Pathology

Clinical Notes : infertility.

Specimen Type: Serum
Serum Iron
Transferrin
Transferrin Saturation
Serum Ferritin

IRON STUDIES

6*	umol/L	(10-30)
26*	umol/L	(32-48)
12*	%	(13-45)
81	ug/L	(30-165)

Although the transferrin saturation is reduced, the normal serum ferritin in conjunction with a normal CRP makes iron deficiency unlikely.

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Date Requested: 14/07/2020
Date Collected: 14/07/2020
Specimen:
Subject(Test Name): MBA-0 (SERUM CHEMISTRY)
Clinical Information:

Gender: F
IHI No.:
Provider: Lavery Pathology
Referred by: DR J THOMPSON
Date Performed: 14/07/2020
Complete: No

Lavery Pathology

Clinical Notes : infertility.

Specimen Type: Serum		<u>SERUM CHEMISTRY</u>	
Haemolysis		Nil	
Icterus		Nil	
Lipaemia		Nil	
Sodium	138	mmol/L	(135-145)
Potassium	4.0	mmol/L	(3.6-5.4)
Chloride	107	mmol/L	(95-110)
Bicarbonate	25	mmol/L	(22-32)
Anion Gap	10	mmol/L	(10-20)
Urea	9.0*	mmol/L	(2.5-8.0)
Creatinine	80	umol/L	(45-90)
eGFR	81		mL/min/1.73m ²
Urate	0.28	mmol/L	(0.14-0.36)
Bilirubin	3	umol/L	(< 15)
AST	19	U/L	(< 30)
ALT	19	U/L	(< 30)
GGT	12	U/L	(< 30)
Alkaline Phosphatase	80	U/L	(20-105)
Protein	68	g/L	(60-82)
Albumin	43	g/L	(38-50)
Globulin	25	g/L	(20-39)
Calcium	2.39	mmol/L	(2.10-2.60)
Corrected Calcium	2.39	mmol/L	(2.10-2.60)
Phosphate	1.12	mmol/L	(0.75-1.50)

eGFR values between 60 and 89 mL/min/1.73m² should be interpreted with caution. These results are only consistent with CKD in the presence of other evidence such as microalbuminuria, proteinuria or haematuria.
 Ref: Lamb EJ et al in Ann Clin Biochem 2005; 42:321-345.

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Lab. Reference:
Addressee: DR J THOMPSON
Date Requested: 14/07/2020
Date Collected: 14/07/2020
Specimen:
Subject(Test Name): TFT-0 (THYROID FUNCTION TEST)
Clinical Information:
Gender: F
IHI No.:
Provider: Lavery Pathology
Referred by: DR J THOMPSON
Date Performed: 14/07/2020
Complete: No

Lavery Pathology

Clinical Notes : infertility.

Specimen Type: Serum
TSH

THYROID PROFILE

1.6 mIU/L (0.5-4.0)

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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Date Requested: 14/07/2020
Date Collected: 14/07/2020
Specimen:
Subject(Test Name): RUL-0 (RUBELLA SEROLOGY)
Clinical Information:

Lavery Pathology

Clinical Notes : infertility.

Rubella IgG RUBELLA SEROLOGY
 > 100 IU/mL

Immune to Rubella. If a recent infection (or contact during pregnancy) is suspected, suggest Rubella IgM antibodies to clarify.

All testing performed on serum or plasma unless otherwise specified.

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Date Requested: 14/07/2020
Date Collected: 14/07/2020
Specimen:
Subject(Test Name): HEP-0 (HEPATITIS SEROLOGY)
Clinical Information:

Lavery Pathology

Clinical Notes : infertility.

<u>HEPATITIS SEROLOGY</u>	
Hepatitis C Antibody	Not Detected
Hepatitis B Surface Antigen	Not Detected

No evidence of current or past Hepatitis C virus (HCV) infection. HCV antibodies may not be detected up to 6 months post exposure. Suggest sending a further sample after an appropriate interval if indicated.

No evidence of current or chronic Hepatitis B virus infection. For investigation of past infection or possible occult infection, please request hepatitis B core antibody. For investigation of immune status please request hepatitis B surface antibody.

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Addressee: DR J THOMPSON
Date Requested: 14/07/2020
Date Collected: 14/07/2020
Specimen:
Subject(Test Name): HIR-0 (HIV - NON COMMERCIAL)
Clinical Information:

Gender: F
IHI No.:
Provider: Lavery Pathology
Referred by: DR J THOMPSON
Date Performed: 14/07/2020
Complete: No

Lavery Pathology

Clinical Notes : infertility.

HIV SEROLOGY

HIV 1 and 2 Ab/Ag:

Negative

This result does not exclude infection with HIV virus. If serum was tested within 3 months of exposure please retest after that time.

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Lab. Reference:
Addressee: DR J THOMPSON
Date Requested: 14/07/2020
Date Collected: 14/07/2020
Specimen:
Subject(Test Name): AMH-0 (ANTI MULLERIAN HORMONE)
Clinical Information:

Gender: F
IHI No.:
Provider: Lavery Pathology
Referred by: DR J THOMPSON
Date Performed: 14/07/2020
Complete: Yes

Lavery Pathology

Clinical Notes : infertility.

ANTI-MULLERIAN HORMONE (AMH)

Request Number
Date Collected 22481422
Time Collected 14 Jul 20
Specimen Type: Serum 15:39
AMH pmol/L 14.0

Reference Interval:

<14 pmol/L: Decreased AMH level. Suggests possible abnormal ovarian reserve. Hormonal contraception and pregnancy may also cause temporary decrease in AMH levels and should be excluded.

14 - 30 pmol/L: Suggests normal ovarian reserve.

>30 pmol/L: Elevated AMH level. Indicates possibility of:
- PCOS
- Higher risk of OHSS in a stimulated cycle.

AMH levels should be interpreted with caution in young adult female patients (<25 years).