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

Patient **KRISTY, FARIS**
52 GENANAGIE ST NARRABRI NSW 2390
Phone 0410043250
D.O.B 19/01/1980 Age 44 years Sex F

Ref. by/copy to HAYNE, LISA

Collect date 23/04/2024 Lab ref 24-26780071
Collect time 12:00 AM Your ref
Reported 31/05/2024 09:25 AM

Tests requested ANE, RT3, UTE, STE, AMH, TFT, COR, DVI, AND, PRL, HOR, VBF, TAA

Clinical notes

REFERENCE REPORT

Attached is a reference report from:
THE NEW CHILDREN'S HOSPITAL - ANDROSTENEDIONE

Endocrinology

Steroid Metabolism

Androstenedione 1.9 nmol/L [0.9-7.5]

Interpretive Data
Reference intervals are for serum/plasma Androstenedione measured by LC-MSMS and were updated February 2019 (Source Pathwest Laboratory Medicine, WA, Australia)

Tanner Stage Intervals:
Reference: (ARUP Laboratories, US (www.aruplab.com))

	Female (nmol/L)	Male (nmol/L)
Tanner Stage I	0.17-1.78	0.14-1.12
Tanner Stage II	0.52-4.78	0.28-1.68
Tanner Stage III	1.29-7.92	0.49-3.03
Tanner Stage IV-V	1.22-7.15	0.94-3.73

Referring MRN: 50277216

Serum Reverse T3 (RT3) 495 pmol/L (170-539)

SURGERY USE
Normal
No Action/File
Patient Notified
Make Appoint.
Further Tests
Notes Required
Speak with Dr.
On Correct Treatment

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

Patient **KRISTY, FARIS**
52 GENANAGIE ST NARRABRI NSW 2390
Phone 0410043250
D.O.B 19/01/1980 Age 44 years Sex F

Ref. by/copy to HAYNE, LISA

Collect date 23/04/2024 Lab ref 24-26780071
Collect time 12:00 AM Your ref
Reported 31/05/2024 09:25 AM

Tests requested ANE, RT3, UTE, STE, AMH, TFT, COR, DVI, AND, PRL, HOR, VBF, TAA

Clinical notes

URINE TRACE METALS

			(RI)	BOEL
Total Volume	Random			
Urine Creatinine	1.9	mmol/L		N/A

This urine is unusually dilute (creatinine <= 2.6 mmol/L) which may reflect recent fluid intake and interpretation of results may be affected. A further collection of less dilute urine should be considered (ACGIH).

Urine Iodine (ug/L)	49	ug/L		N/A
Urine Iodine (Crt corrected)	214	ug/L	(> 100)	

WHO Criteria for assessing iodine nutrition based on median urinary iodine concentrations in 6 years or older:

- Severe Iodine deficiency : < 20 ug/L
- Moderate Iodine deficiency : 20-49 ug/L
- Mild Iodine deficiency : 50-99 ug/L
- Adequate Iodine intake : 100-199 ug/L
- Iodine intake above requirement : 200-299 ug/L
- Excessive Iodine intake : >= 300 ug/L

For Pregnant women

- Insufficient Iodine intake : < 150 ug/L
- Adequate Iodine intake : 150-249 ug/L
- Iodine intake above requirement : 250-499 ug/L
- Excessive Iodine intake : >= 500 ug/L

For Lactating women

- Adequate Iodine intake : >= 100 ug/L

Urine iodine (creatinine corrected) adjusts the measured result to account for changes in urine concentration. Please note: due to a high variability of an individual's urinary iodine concentration, spot urine iodine concentration is not useful for the diagnosis and treatment of individuals. For more detail refer to: "https://apps.who.int/iris/bitstream/handle/10665/85972/WHO_NMH_NHD_EPG_13.1_eng.pdf"

BOEL = Biological Occupational Exposure Limit
RI = Reference Interval

SURGERY USE

- Normal
- No Action/File
- Patient Notified
- Make Appoint.
- Further Tests
- Notes Required
- Speak with Dr.
- On Correct Treatment

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

Patient **KRISTY, FARIS**
52 GENANAGIE ST NARRABRI NSW 2390
Phone 0410043250
D.O.B 19/01/1980 Age 44 years Sex F

Ref. by/copy to HAYNE, LISA
Collect date 23/04/2024 Lab ref 24-26780071
Collect time 12:00 AM Your ref
Reported 31/05/2024 09:25 AM
Tests requested ANE, RT3, UTE, STE, AMH, TFT, COR, DVI, AND, PRL, HOR, VBF, TAA

Clinical notes

PLASMA TRACE ELEMENTS

			(RI)
Zinc	13.3	umol/L	(10.0-18.0)
Selenium	1.52	umol/L	(0.80-1.90)

RI = Reference Interval

SURGERY USE
Normal
No Action/File
Patient Notified
Make Appoint.
Further Tests
Notes Required
Speak with Dr.
On Correct Treatment

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

Patient **KRISTY, FARIS**
52 GENANAGIE ST NARRABRI NSW 2390
Phone 0410043250
D.O.B 19/01/1980 Age 44 years Sex F

Ref. by/copy to HAYNE, LISA

Collect date 23/04/2024 Lab ref 24-26780071
Collect time 12:00 AM Your ref
Reported 31/05/2024 09:25 AM

Tests requested ANE, RT3, UTE, STE, AMH, TFT, COR, DVI, AND, PRL, HOR, VBF, TAA

Clinical notes

ANTI-MULLERIAN HORMONE (AMH)

Request Number		26780071
Date Collected		23 Apr 24
Time Collected		00:00
Specimen Type: Serum		
AMH	pmol/L	**5.0**

PLEASE NOTE: concurrent or recent OCP use can decrease AMH levels significantly, and this may take some time to resolve. A repeat AMH level 6-12 months after ceasing the OCP may be helpful.

Reference Interval:

Female:	
Age Group	AMH (pmol/L)
18-25 years	6.8 - 95.2
26-30 years	1.2 - 52.7
31-35 years	0.5 - 52.5
36-40 years	0.2 - 51.0
41-45 years	0.0 - 23.4
>/= 46 years	0.0 - 8.19
Male:	
Age Group	AMH (pmol/L)
>18 years	5.2 - 114.6

Source:
Demirdjian et. al.
Clinical Biochemistry, Volume 49, Issues 16.17, Pages 1267-1273.

SURGERY USE

- Normal
- No Action/File
- Patient Notified
- Make Appoint.
- Further Tests
- Notes Required
- Speak with Dr.
- On Correct Treatment

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

Patient **KRISTY, FARIS**
52 GENANAGIE ST NARRABRI NSW 2390
Phone 0410043250
D.O.B 19/01/1980 Age 44 years Sex F

Ref. by/copy to HAYNE, LISA
Collect date 23/04/2024 Lab ref 24-26780071
Collect time 12:00 AM Your ref
Reported 31/05/2024 09:25 AM

Tests requested ANE, RT3, UTE, STE, AMH, TFT, COR, DVI, AND, PRL, HOR, VBF, TAA

Clinical notes

THYROID PROFILE

Specimen Type: Serum

TSH	**0.24**	mIU/L	(0.5-4.0)
FT4	**21**	pmol/L	(10-20)
FT3	6.4	pmol/L	(3.5-6.5)

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

SERUM CORTISOL

Cortisol	322	nmol/L

AM Reference Interval 120-620 nmol/L
PM Reference Interval 100-400 nmol/L

VITAMIN D

Haemolysis	Nil	
Serum 25(OH) Vitamin D	71	nmol/L

Suggested decision limits for Vitamin D status:

Sufficiency	51 -200	nmol/L
Mild deficiency	25 - 50	nmol/L
Marked deficiency	< 25	nmol/L
Toxicity	>250	nmol/L

References: Vitamin D and health in adults in Australia and New Zealand: Position Statement. MJA 2012 June 18; 196(11),686-687.

SURGERY USE
Normal
No Action/File
Patient Notified
Make Appoint.
Further Tests
Notes Required
Speak with Dr.
On Correct Treatment

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

Patient **KRISTY, FARIS**
52 GENANAGIE ST NARRABRI NSW 2390
Phone 0410043250
D.O.B 19/01/1980 Age 44 years Sex F

Ref. by/copy to HAYNE, LISA

Collect date 23/04/2024 Lab ref 24-26780071
Collect time 12:00 AM Your ref
Reported 31/05/2024 09:25 AM

Tests requested ANE, RT3, UTE, STE, AMH, TFT, COR, DVI, AND, PRL, HOR, VBF, TAA

Clinical notes

SERUM ANDROGENS

Total Testosterone (Siemens)	0.8	nmol/L	(0.4-1.4)
Sex Hormone Binding Globulin	49	nmol/L	(20-118)
DHEAS	2.8	umol/L	(1.3-6.2)

PROLACTIN

Specimen Type: Serum

Request Number	Date Collected	Prolactin mIU/L
	Ref Range	(40-570)
26780071	23/04/24	103

SERUM HORMONE PROFILE

Specimen Type: Serum

Request Number	Date Collected	FSH IU/L	LH IU/L	PROG nmol/L	E2(ATEL) pmol/L	E2(BECK) pmol/L	LH/FSH Ratio
26780071	23 Apr 24	7	3.0	2	174		

Reference Ranges	FSH	LH	PROG	OESTRADIOL
Follicular	2-12	2-12	0.5-4.5	100-530
Midcycle	12-30	>15		235-1300
Luteal	2-12	2-15	10.6-89.1	205-790
Menopausal	>25	>10		<100
Prepubertal	<6	<4		

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

SURGERY USE

- Normal
- No Action/File
- Patient Notified
- Make Appoint.
- Further Tests
- Notes Required
- Speak with Dr.
- On Correct Treatment

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

Patient **KRISTY, FARIS**
52 GENANAGIE ST NARRABRI NSW 2390
Phone 0410043250
D.O.B 19/01/1980 Age 44 years Sex F

Ref. by/copy to HAYNE, LISA
Collect date 23/04/2024 Lab ref 24-26780071
Collect time 12:00 AM Your ref
Reported 31/05/2024 09:25 AM

Tests requested ANE, RT3, UTE, STE, AMH, TFT, COR, DVI, AND, PRL, HOR, VBF, TAA

Clinical notes

VITAMIN B12 AND FOLATE STUDIES

Active B12	130	pmol/L	(> 40)

Serum Active B12 Assay:
This active B12 result indicates that the patient is likely to be vitamin B12 sufficient. Patients with renal impairment may still be B12 depleted despite an active B12 level within this range. For these patients, correlation with total B12, homocysteine and/or methylmalonate is required.

THYROID AUTOANTIBODIES

Specimen Type: Serum

Anti-Thyroglobulin Abs (aTGII)	< 1.3	IU/mL	(< 4.5)
Anti-Thyroidal Peroxidase Abs	54	IU/mL	(< 60)

Over 90% of patients with autoimmune thyroiditis show moderate to high levels of Anti-Thyroidal Peroxidase Abs (anti-TPO) with Anti-Thyroglobulin Abs (anti-Tg) also present in about 90% of such patients. Up to 75% of patients with Graves' hyperthyroidism show increased anti-TPO with anti-Tg present in 50-60%. Low levels of both anti-TPO and anti-Tg may be found in up to 10% of "normal" asymptomatic adults. In most cases of autoimmune thyroid disease increased anti-TPO is the predominant finding although a small proportion of patients show a predominant increase in anti-Tg.

SURGERY USE
Normal
No Action/File
Patient Notified
Make Appoint.
Further Tests
Notes Required
Speak with Dr.
On Correct Treatment