AUSTRALIAN Clinicalabs

LABORATORY 3427-3420
WIMMERA BASE HOSPITAL
HORSHAM
Tel:03 5381 9231

Referred: 15/05/24
Collected: 20/05/24 13:10
Tested: 20/05/24
Printed: 28/05/24 13:41
Batch: 24110 1

**MRS IREDELL, BIANCA**
8 FERGUSON CL
HORSHAM 3400
DOB: 18/08/1994 (29 Y)
Ph: 0353811269

UR :
Ref :419065
Lab No:24-88312779-I
Sex :Female

DR (DO NOT POST) COPY DR
DATA ENTRY DEPT.
CLAYTON 3168

**HAEMATOLOGY** — **SPECIMEN: WHOLE BLOOD**

| Date: | 20/05/24 | 13/03/24 | 11/01/24 | (#Refers to current result only) |
|---|---|---|---|---|
| Coll. Time: | 13:10 | 08:55 | 15:50 | |
| Lab Number: | #88312779 | 88534370 | 87412596 | |
| **HAEMOGLOBIN** | 149 | 145 | 142 | (115 - 165) g/L |
| RBC | 4.77 | 4.81 | 4.62 | (3.80 - 5.50) $x10^{12}$/L |
| HCT | 0.44 | 0.46 | 0.43 | (0.35 - 0.47) |
| MCV | 93 | 96 | 94 | (80 - 99) fL |
| MCH | 31.2 | 30.1 | 30.7 | (27.0 - 34.0) pg |
| MCHC | 336 | 314 | 327 | (310 - 360) g/L |
| RDW | 11.8 | 12.5 | 11.9 | (11.0 - 15.0) % |
| **WCC** | 6.6 | 4.6 | 6.9 | (4.0 - 11.0) $x10^9$/L |
| Neutrophils | 3.1 | 2.1 | 3.2 | (2.0 - 8.0) $x10^9$/L |
| Lymphocytes | 2.9 | 2.1 | 3.2 | (1.0 - 4.0) $x10^9$/L |
| Monocytes | 0.4 | 0.2 | 0.3 | (< 1.1) $x10^9$/L |
| Eosinophils | 0.1 | 0.1 | 0.1 | (< 0.7) $x10^9$/L |
| Basophils | < 0.1 | < 0.1 | < 0.1 | (< 0.3) $x10^9$/L |
| **PLATELETS** | 245 | 281 | 282 | (150 - 450) $x10^9$/L |
| ESR | | | 2 | (< 21) mm/h |

#88312779 : The red cell, white cell and platelet parameters are within normal limits.

**BLOOD GROUP AND ANTIBODIES**

Blood Group A Rh(D) Positive

No abnormal antibodies detected.

**BIOCHEMISTRY**

**IRON STUDIES** — **SPECIMEN: SERUM**

| Date: | 20/05/24 | 13/03/24 | 11/01/24 | |
|---|---|---|---|---|
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| Lab Number: | 88312779 | 88534370 | 87412596 | |
| Iron | 11.9 | 13.5 | 10.8 | (10.0 - 30.0) umol/L |
| Transferrin | ** **1.60** | ** **1.66** | * **1.81** | (2.10 - 3.80) g/L |
| Saturation | 30 | 33 | 24 | (15 - 45) % |
| Ferritin | 104 | 69 | 83 | (30 - 200) ug/L |

88312779 Low transferrin may be due to acute and chronic inflammatory disease (negative acute phase reactant) or protein losing states.

HB6-R,BGA-R,TSH-R,FBE-R,LFH-R,OST-R,PRG-R,PRL-R,HEP-R,IS-R,RUG-R,VVZ-R
Ref. by DR.JAGATH RANASINGHE, 4408654J
MRS IREDELL, BIANCA IRON MASTER


All Tests Complete

PATHOLOGY REPORT

SURGERY USE: NORMAL ☐ NO ACTION ☐ CONTACT PATIENT ☐ SEE PATIENT ☐ FURTHER TESTS ☐

ACLZFRM0016 12/15

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**ENDOCRINOLOGY**

**THYROID FUNCTION TEST**

SPECIMEN: SERUM

| | | | | |
|---|---|---|---|---|
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| Lab Number: | 88312779 | 88534370 | 87412596 | |
| TSH | 1.63 | 1.53 | 1.86 | (0.40 - 4.00)mIU/L |

88312779 Normal TSH level.

**ENDOCRINOLOGY**
**HORMONE STUDIES**

SPECIMEN: SERUM

| | | |
|---|---|---|
| Date: | 20/05/24 | |
| Coll. Time: | 13:10 | |
| Lab Number: | 88312779 | |
| FSH | 4 | IU/L |
| LH | 2 | IU/L |
| Prolactin (mIU/L) | 171 | mIU/L (see below) |
| Oestradiol | 635 | pmol/L |
| Progesterone | 34.3 | nmol/L |

**ADULT REFERENCE RANGES:**

| | F.S.H. | L.H. | OESTRADIOL | PROGESTERONE# |
|---|---|---|---|---|
| Postmenopausal | > 25 | > 25 | < 120 | < 1.0 |
| Follicular phase | 4 - 16 | < 15 | 70 - 530 | < 5.0 |
| Midcycle peak | 8 - 30 | 15 - 75 | 230-1300 | |
| Luteal phase | 2 - 12 | < 15 | 200- 790 | 10.0 - 70.0 |
| Day 21(midluteal)# | | | | > 30.0 |

*# Equivocal 15.0-30.0; Luteal Phase Deficiency < 15.0*

Please note that progesterone levels in patients taking DHEA may be falsely increased due to an assay interference.

**PROLACTIN RANGES:**
Female : 60 - 620 mIU/L
Post menopausal Female: 40 - 430 mIU/L

Prolactin test is performed using Siemens Centaur/Atellica system.

HB6-R,BGA-R,TSH-R,FBE-R,LFH-R,OST-R,PRG-R,PRL-R,HEP-R,IS-R,RUG-R,VVZ-R
Ref. by DR.JAGATH RANASINGHE, 4408654J

MRS IREDELL, BIANCA HORMONES, REPRODUCTIVE All Tests Complete

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| | | |
|---|---|---|
| MRS IREDELL, BIANCA | | DR (DO NOT POST) COPY DR |
| 8 FERGUSON CL | UR :419065 | DATA ENTRY DEPT. |
| HORSHAM 3400 | Ref | |
| DOB: 18/08/1994 (29 Y) | Lab No:24-88312779-I | CLAYTON 3168 |
| Ph: 0353811269 | Sex :Female | |

**SEROLOGY** **SPECIMEN: SERUM**

**HEPATITIS SEROLOGY**

| | |
|---|---|
| Hepatitis B Surface antigen [HBsAg] | Not Detected |
| Hepatitis B Surface antibody [HBsAb] | 45 IU/L |
| Hepatitis B Core antibody (Total) [HBcT] | Not Detected |

HEPATITIS B INTERPRETATION
Evidence of protective immunity to Hepatitis B virus.

HBsAgII and HBsAb primary assays performed using Siemens Centaur/Atellica system.

**SEROLOGY** **SPECIMEN: SERUM**

**VIRAL ANTIBODIES**

| | | |
|---|---|---|
| Varicella Zoster | IgG | Positive |

Comment:
Serological evidence of past exposure to Varicella zoster virus either through natural infection or immunisation (immune).
If recent infection is suspected, IgM antibody testing may be indicated.
In symptomatic patients a swab from the lesion for PCR testing is preferred.

Varicella zoster IgG testing performed by DiaSorin Liaison XL.

**RUBELLA ANTIBODIES** **SPECIMEN: BLOOD**

| | | |
|---|---|---|
| IgG antibody | Detected | |
| IgG antibody value | 241 | IU/mL |

Serological evidence of past exposure to Rubella virus by either natural infection or vaccination. (IMMUNE).

Comment: Rubella IgG Antibody levels >=10 IU/ml are considered protective.

Reference Source: World Health Organization (WHO) and The Australian Immunisation Handbook 10th Edition 2013.

This test has been performed using the Rubella IgG assay on Siemens Advia Immunoassay System.

HB6-R,BGA-R,TSH-R,FBE-R,LFH-R,OST-R,PRG-R,PRL-R,HEP-R,IS-R,RUG-R,VVZ-R
Ref. by DR.JAGATH RANASINGHE, 4408654J

MRS IREDELL, BIANCA VARICELLA ZOSTER MASTER All Tests Complete

SURGERY USE: NORMAL ☐ NO ACTION ☐ CONTACT PATIENT ☐ SEE PATIENT ☐ FURTHER TESTS ☐