SNP - Reference No: 641035343 Status: F

Patient:	Jonah HORAN	**Linked by:**	Dr Gull Herzberg
DOB:	13/04/2002	**Message:**	No Action
Address:	34 Forest Close BOAMBEE 2450		
Ordered by:	Dr Gull Herzberg on 01/09/2017		
Copy to:	Dr Gull Herzberg		
Collected:	30/01/2018 - 8:07 AM	**Notified by:**	on 00/00/0000
Reported:	31/01/2018	**Message:**	

chronic gut issues, ? malabsorption

Anaemia Profile

Iron	29	umol/L	(5 - 30)	
Transferrin	2.2	g/L	(1.9 - 3.1)	
TIBC	56	umol/L	(47 - 77)	
Saturation	H 52	%	(20 - 45)	
Ferritin	43	ug/L	(30 - 300)	
Vitamin B12	479	pmol/L	(>150)	
Folate (Serum)	31	nmol/L	(>7.0)	

Comments on Lab Id: 641035343

High transferrin saturation in the presence of normal ferritin raises the possibility of early or treated haemochromatosis or recent iron ingestion.

Recommend genetic testing for haemochromatosis on this patient, if not already performed. Under Medicare rules, genetic testing is rebatable for this patient. Medicare allows the patient to have HFE testing where saturation is >45% OR where ferritin has been elevated on two occasions OR they have a first degree relative with haemochromatosis.

As of 14th Nov 2017 all patients with low or equivocal vitamin B12 results (360 pmol/L or less) will be routinely tested for holo-transcobalamin (active B12) to clarify the B12 status.
Both tests are now Medicare rebateable. Vitamin B12 concentrations over 360 pmol/L are generally considered replete.

EA

Sullivan Nicolaides Pty Ltd. ABN 38 078 202 196. NATA/RCPA Accreditation No 1964

Tests Completed: HDL-Cholesterol,Iron Studies,E/LFT,TFTH,Vitamin B12, Folate (Serum),Homocysteine,FBE
Tests Pending :
Sample Pending :

SNP - Reference No: 641326327 Status: F

Patient:	Jonah HORAN	**Linked by:**	Dr Gull Herzberg
DOB:	13/04/2002	**Message:**	dientamoeba and blastocystis
Address:	34 Forest Close BOAMBEE 2450		
Ordered by:	Dr Gull Herzberg on 01/09/2017		
Copy to:	Dr Gull Herzberg	**Notified by:**	on 00/00/0000
Collected:	01/03/2018 - 10:53 AM	**Message:**	
Reported:	03/03/2018		

OFFENSIVE FLATUS

Faeces PCR

Parasites:	
Giardia intestinalis	Not Detected
Cryptosporidium	Not Detected
Dientamoeba fragilis	* Detected
Entamoeba histolytica	Not Detected
Blastocystis hominis	* Detected

Bacteria:	
Campylobacter spp.	Not Detected
Salmonella spp.	Not Detected
Shigella spp./EIEC	Not Detected
Yersinia enterocolitica	Not Detected
Aeromonas	Not Detected

Comments on Collection 641326327

DNA consistent with the presence of Blastocystis hominis has been detected using PCR with specific primers and probe. The pathogenic role of Blastocystis spp has not been proven, particularly in immunocompetent individuals. Using molecular techniques, the overall prevalence in our test population is 17%. Individuals may be colonised with this organism and do not need treatment. It can be acquired by contact with animals including pets or contaminated water. Potentially pathogenic or animal strains cannot be differentiated by the current available tests. Screening for clearance of the organism or testing of family members is not recommended.

Click here
Guidelines/Faecal-pathogen-testing-by-PCR

DNA consistent with the presence of Dientamoeba fragilis has been detected using PCR with specific primers and probe. The pathogenic role of Dientamoeba fragilis has not been established. Using molecular techniques, the overall prevalence in our test population is 16.2% with more than 50% of children aged 5-10 years testing positive for D.fragilis.
A randomised double blinded placebo controlled clinical trial does not support routine metronidazole treatment of D. fragilis positive children with chronic gastrointestinal symptoms.
As such, treatment may be harmful resulting in unnecessary adverse reactions, disruption of the normal gut flora and contribute to the development of antimicrobial resistance of faecal microbiota.
Other causes for symptoms should be considered including other gut enteropathogens,food intolerance etc.
Screening for clearance of the organism or testing of asymptomatic family members is not recommended.

Click here
Guidelines/Faecal-pathogen-testing-by-PCR
Only the reported enteropathogens have been tested.

All bacterial causes of gastroenteritis reported by PCR are cultured for recovery of isolates subject to organism viability and a further report issued. Some clinical indications e.g overseas travel, eosinophilia,

seafood or antibiotic ingestion will require additional parasite concentration examination, culture setup or molecular testing to detect alternative pathogens e.g. hookworm, strongyloides, Vibrios, Clostridium difficile infection (CDI), Enterohaemorrhagic E. coli (STEC).
These indications should be highlighted on the request.

Roche LightMix Gastroenteritis multiplex PCR assays were utilised for testing.
For further enquiries regarding these results please contact Dr Jenny Robson or Dr Sarah Cherian (07 3377 8534).

DP

Sullivan Nicolaides Pty Ltd. ABN 38 078 202 196. NATA/RCPA Accreditation No 1964

Tests Completed: Faeces PCR
Tests Pending : Faeces 1 MCS/OCP
Sample Pending :

To view added info click link or copy to web browser.

Patient Notes: Blastocystosis
Click here

SNP - Reference No: 640

Patient:	Jonah HORAN	**Linked by:**	Dr Gull Herzberg
DOB:	13/04/2002	**Message:**	15.2
Address:	34 Forest Close BOAMBEE 2450		
Ordered by:	Dr Gull Herzberg on 01/09/2017		
Copy to:	Dr Gull Herzberg		
Collected:	16/02/2018 - 9:27 AM	**Notified by:**	on 00/00/0000
Reported:	19/02/2018	**Message:**	

==========

Copper

Copper-serum	15.2	umol/L	(11.0 - 22.0)

CA

Sullivan Nicolaides Pty Ltd. ABN 38 078 202 196. NATA/RCPA Accreditation No 1964

Tests Completed: Copper (Serum),Zinc
Tests Pending : Histamine
Sample Pending :

SNP - Reference No: 640473018 Status: F

Patient:	Jonah HORAN	**Linked by:**	Dr Gull Herzberg
DOB:	13/04/2002	**Message:**	homozygous for H63D Harmochroma
Address:	34 Forest Close BOAMBEE 2450		
Ordered by:	Dr Gull Herzberg on 01/02/2018		
Copy to:	Dr Gull Herzberg		
Collected:	16/02/2018 - 9:08 AM	**Notified by:**	on 00/00/0000
Reported:	22/02/2018	**Message:**	

==========

raised transferrin suturation

Haemochromatosis Genotyping

Specimen		EDTA Blood
C282Y		Mutation Not Detected
H63D	*	Homozygous Mutation Detected

Please note these variants are known as c.845G>A, p.Cys282Tyr, c.187C>G, p.His63Asp, and when reported c.193A>T, p.Ser65Cys, according to HGVS nomenclature; RefSeqGene: NG_008720.1 (HFE).
Comments on Collection 640473018

This patient is homozygous for the HFE: c.187C>G, p.His63Asp mutation. The significance of this genotype is currently uncertain.

If the patient currently has evidence of iron overload (e.g. persistent hyperferritinaemia and serum transferrin saturation >45%), this genotype may be a contributing factor, but other causes of iron overload should be excluded. Other causes of hyperferritinaemia include inflammatory states (e.g. infection, autoimmune conditions, malignancy) and liver pathology (e.g. viral hepatitis, alcohol-related liver disease and non-alcoholic fatty liver disease).

Referral to a Gastroenterologist or Haematologist may be considered considered for assessment and ongoing management of this patient.

This result may have implications for other family members. Testing for at-risk relatives is available, and genetic counselling may be useful.

Test Information:

Testing was performed utilising endpoint genotyping on the LC480 and pyrosequencing of codons 63 to 65 of the HFE gene, where required. This result does not exclude mutations being present at other locations within the HFE gene (RefSeq: NG_008720.1).

NPAAC guidelines suggest that repeat testing on a separately collected specimen may be warranted for genetic tests to identify any potential errors in specimen collection, testing or reporting. Repeat testing is especially recommended if the results will impact significantly on clinical management, or if the results are inconsistent with family history, clinical features or other laboratory results.

For clinician enquiries regarding these results, please contact Dr James Harraway (07 3377 8666).

RS

Sullivan Nicolaides Pty Ltd. ABN 38 078 202 196. NATA/RCPA Accreditation No 1964

Tests Completed: HFE PCR
Tests Pending :
Sample Pending :

SNP - Reference No: 640334052 Status: F

Patient:	Jonah HORAN	**Linked by:**	Dr Gull Herzberg
DOB:	13/04/2002	**Message:**	0.4
Address:	34 Forest Close BOAMBEE 2450		
Ordered by:	Dr Gull Herzberg on 01/09/2017		
Copy to:	Dr Gull Herzberg		
Collected:	16/02/2018 - 9:27 AM	**Notified by:**	on 00/00/0000
Reported:	20/02/2018	**Message:**	

Histamine (Whole Blood)

B-Histamine	0.4	umol/L	(0.2 - 2.0)

* please note Histamine collection date: 16/02/2018 09:27

VK

Sullivan Nicolaides Pty Ltd. ABN 38 078 202 196. NATA/RCPA Accreditation No 1964

Tests Completed: Copper (Serum),Zinc,Histamine
Tests Pending :
Sample Pending :

GP - Reference No: 640334052 Status: F

tient:	Jonah HORAN	Linked by:	Dr Gull Herzberg
B:	13/04/2002	Message:	11.3
dress:	34 Forest Close BOAMBEE 2450		
dered by:	Dr Gull Herzberg on 01/09/2017		
py to:	Dr Gull Herzberg		
llected:	16/02/2018 - 9:27 AM	Notified by:	on 00/00/0000
ported:	19/02/2018	Message:	

Zinc

Zinc-plasma	11.3	umol/L	(9.0 - 19.0)

Comments on Lab Id: 640334052

CA

Sullivan Nicolaides Pty Ltd. ABN 38 078 202 196. NATA/RCPA Accreditation No 1964

Tests Completed: Zinc
Tests Pending : Copper (Serum),Histamine
Sample Pending :

Address: 39 Forest Close BOAMBEE 2450
Ordered by: Dr Gull Herzberg on 20/11/2018
Copy to: Dr Gull Herzberg
Collected: 20/11/2018 - 11:29 AM **Notified by:** on 00/00/0000
Reported: 21/11/2018 **Message:**

---

fatigue and low motivation for 3-4 months

Lipid Profile

Cholesterol	3.9	mmol/L	(3.9 - 5.5)
Triglyceride	L 0.4	mmol/L	(0.6 - 2.0)
HDL	H 2.03	mmol/L	(0.90 - 1.50)
LDL	1.7	mmol/L	(0.0 - 4.0)
Tot Chol/HDL	1.9		(0 - 4.5)

Comments on Lab Id: 644269702

Suggested optimal treatment targets for patients are:
LDL Cholesterol < 2.0 mmol/L
HDL Cholesterol > 1.00 mmol/L
Triglycerides < 1.5 mmol/L

Recommendations of the National Heart Foundation of Australia
and the Cardiac Society of Australia and New Zealand 2005

Risk Calculator available at
Click here

CA

Sullivan Nicolaides Pty Ltd. ABN 38 078 202 196. NATA/RCPA Accreditation No 1964

Tests Completed: HDL-Cholesterol,E/LFT,FBE,ESR
Tests Pending : Iron Studies,TFTH,Vitamin B12,Folate (Serum),
Homocysteine,Urine MCS,CMV,EBV,Toxoplasma
Sample Pending :

To view added info click link or copy to web browser.

PBS Criteria for Lipid Drugs (Lipids 1)
Click here

SNP - Reference No: 64426

Patient: Ptolemy MORAN **Linked by:** Dr Gull Herzberg
DOB: 24/07/2005 **Message:** Iron deficient. review please
Address: 39 Forest Close BOAMBEE 2450
Ordered by: Dr Gull Herzberg on 20/11/2018
Copy to: Dr Gull Herzberg
Collected: 20/11/2018 - 11:29 AM **Notified by:** on 00/00/0000
Reported: 21/11/2018 **Message:**

---

fatigue and low motivation for 3-4 months

Haematinics

Date	**27/04/18**	**20/11/18**		
Time F-Fast	**1002**	**1129 F**		
Lab Id.	**641958477**	**644269702**	**Units**	**Reference**
Iron	28 H	41 H	umol/L	(5-25)
Transferrin	2.5	2.7	g/L	(1.9-3.1)
TIBC	62	67	umol/L	(47-77)
Trans Sat	45	61 H	%	(20-45)
Ferritin	40	21 L	ug/L	(30-200)

Address: 39 Forest Close BOAMBEE 2450
Ordered by: Dr Gull Herzberg on 20/11/2018
Copy to: Dr Gull Herzberg
Collected: 20/11/2018 - 11:29 AM **Notified by:** on 00/00/0000
Reported: 21/11/2018 **Message:**

---

fatigue and low motivation for 3-4 months

Lipid Profile

Cholesterol	3.9	mmol/L	(3.9 - 5.5)
Triglyceride	L 0.4	mmol/L	(0.6 - 2.0)
HDL	H 2.03	mmol/L	(0.90 - 1.50)
LDL	1.7	mmol/L	(0.0 - 4.0)
Tot Chol/HDL	1.9		(0 - 4.5)

Comments on Lab Id: 644269702

Suggested optimal treatment targets for patients are:
LDL Cholesterol < 2.0 mmol/L
HDL Cholesterol > 1.00 mmol/L
Triglycerides < 1.5 mmol/L

Recommendations of the National Heart Foundation of Australia
and the Cardiac Society of Australia and New Zealand 2005

Risk Calculator available at
Click here

CA

Sullivan Nicolaides Pty Ltd. ABN 38 078 202 196. NATA/RCPA Accreditation No 1964

Tests Completed: HDL-Cholesterol,E/LFT,FBE,ESR
Tests Pending : Iron Studies,TFTH,Vitamin B12,Folate (Serum),
Homocysteine,Urine MCS,CMV,EBV,Toxoplasma
Sample Pending :

To view added info click link or copy to web browser.

PBS Criteria for Lipid Drugs (Lipids 1)
Click here

SNP - Reference No: 64426

Patient: Ptolemy MORAN **Linked by:** Dr Gull Herzberg
DOB: 24/07/2005 **Message:** Iron deficient. review please
Address: 39 Forest Close BOAMBEE 2450
Ordered by: Dr Gull Herzberg on 20/11/2018
Copy to: Dr Gull Herzberg
Collected: 20/11/2018 - 11:29 AM **Notified by:** on 00/00/0000
Reported: 21/11/2018 **Message:**

---

fatigue and low motivation for 3-4 months

Haematinics

Date	27/04/18	20/11/18		
Time F-Fast	1002	1129 F		
Lab Id.	641958477	644269702	**Units**	**Reference**
Iron	28 H	41 H	umol/L	(5-25)
Transferrin	2.5	2.7	g/L	(1.9-3.1)
TIBC	62	67	umol/L	(47-77)
Trans Sat	45	61 H	%	(20-45)
Ferritin	40	21 L	ug/L	(30-200)

Vitamin B12	343	pmol/L	(>150)
Active B12	84	pmol/L	(>35)
Folate serum	33	nmol/L	(>7.0)

Comments on Collection 20/11/18 1129 F:
Iron Studies
Elevated serum iron is suggestive of recent iron therapy.
Results consistent with Iron Deficiency
This may be due to previous blood loss or poor oral iron intake.
Investigation of the gastro-intestinal tract for a source of blood loss may be indicated.

As of 14th Nov 2017 all patients with low or equivocal vitamin B12 results (360 pmol/L or less) will be routinely tested for holo-transcobalamin (active B12) to clarify the B12 status.
Both tests are now Medicare rebateable. Vitamin B12 concentrations over 360 pmol/L are generally considered replete.

Active B12 (holotranscobalamin) is the biologically active fraction of total serum B12, and should be a superior indicator of B12 status.
Holotranscobalamin level indicates Vitamin B12 deficiency unlikely.
Up to 15% of patients will have a deficiency of carrier protein (haptocorrin) that does not appear to result in a clinically recognisable Vitamin B12 deficiency despite low total Vitamin B12 levels.

EA

Sullivan Nicolaides Pty Ltd. ABN 38 078 202 196. NATA/RCPA Accreditation No 1964

Tests Completed: HDL-Cholesterol,Iron Studies,E/LFT,TSTH,Vitamin B12, Folate (Serum),Homocysteine,Active B12,FBE,ESR,CMV, EBV,Toxoplasma
Tests Pending : Urine MCS
Sample Pending :

SNP - Reference No: 644269702 Status: F

Patient:	Ptolemy HOBAN	**Linked by:**	Dr Gull Herzberg
DOB:	24/07/2005	**Message:**	No Action
Address:	39 Forest Close BOAMBEE 2450		
Ordered by:	Dr Gull Herzberg on 20/11/2018		
Copy to:	Dr Gull Herzberg		
Collected:	20/11/2018 - 11:29 AM	**Notified by:**	on 00/00/0000
Reported:	21/11/2018	**Message:**	

---

fatigue and low motivation for 3-4 months

Cytomegalovirus (CMV) Serology

CMV IgG (CLIA)	Negative
CMV IgM (CLIA)	Negative

Comments on Collection 644269702

No antibodies to Cytomegalovirus (CMV) detected.

This result may indicate:
1. No exposure to CMV. If this sample was collected 3 weeks or more after the onset of symptoms infection with CMV can be excluded.

2. Very early infection with CMV. If this sample was collected less than 3 weeks since the onset of symptoms and infection with CMV is still suggested a further sample should be submitted in 10-14 days to test for a rise in antibody level.

SA

SNP - Reference No: 644269702 Status: F

Patient:	Ptolemy HORAN	**Linked by:**	Dr Gull Herzberg
DOB:	24/07/2005	**Message:**	Iron deficient. review please
Address:	39 Forest Close BOAMBEE 2450		
Ordered by:	Dr Gull Herzberg on 20/11/2018		
Copy to:	Dr Gull Herzberg		
Collected:	20/11/2018 - 11:29 AM	**Notified by:**	on 00/00/0000
Reported:	21/11/2018	**Message:**	

fatigue and low motivation for 3-4 months

Haematinics

Date	27/04/18	20/11/18		
Time F-Fast	1002	1129 F		
Lab Id.	641958477	644269702		
Iron	28 H	41 H	umol/L	(5-25)
Transferrin	2.5	2.7	g/L	(1.9-3.1)
TIBC	62	67	umol/L	(47-77)
Trans Sat	45	61 H	%	(20-45)
Ferritin	40	21 L	ug/L	(30-200)
Vitamin B12		343	pmol/L	(>150)
Active B12		84	pmol/L	(>35)
Folate serum		33	nmol/L	(>7.0)

Comments on Collection 20/11/18 1129 F:
Iron Studies
Elevated serum iron is suggestive of recent iron therapy.
Results consistent with Iron Deficiency
This may be due to previous blood loss or poor oral iron intake.
Investigation of the gastro-intestinal tract for a source of blood loss may be indicated.

As of 14th Nov 2017 all patients with low or equivocal vitamin B12 results (360 pmol/L or less) will be routinely tested for holo-Transcobalamin (active B12) to clarify the B12 status.
Both tests are now Medicare rebateable. Vitamin B12 concentrations over 360 pmol/L are generally considered replete.

Active B12 (holotranscobalamin) is the biologically active fraction of total serum B12, and should be a superior indicator of B12 status. **Holotranscobalamin** level indicates Vitamin B12 deficiency unlikely. Up to 15% of patients will have a deficiency of carrier protein (haptocorrin) that does not appear to result in a clinically recognisable Vitamin B12 deficiency despite low total Vitamin B12 levels.

EA

Tests Completed: HDL-Cholesterol,Iron Studies,E/LFT,TFTH,Vitamin B12, Folate (Serum),Homocysteine,Active B12,FBE,ESR,CMV, EBV,Toxoplasma
Tests Pending : Urine MCS
Sample Pending :

SNP - Reference No: 644269702 Status: F

Patient:	Ptolemy HORAN	**Linked by:**	Dr Gull Herzberg
DOB:	24/07/2005	**Message:**	No Action
Address:	39 Forest Close BOAMBEE 2450		
Ordered by:	Dr Gull Herzberg on 20/11/2018		
Copy to:	Dr Gull Herzberg		
Collected:	20/11/2018 - 11:29 AM	**Notified by:**	on 00/00/0000
Reported:	20/11/2018	**Message:**	

fatigue and low motivation for 3-4 months

Haematology

ESR	6	mm/h	(1 - 12)

HA

Sullivan Nicolaides Pty Ltd. ABN 38 078 202 196. NATA/RCPA Accreditation No 1964

Tests Completed: E/LFT,FBE,ESR
Tests Pending : HDL-Cholesterol,Iron Studies,TFTH,Vitamin B12, Folate (Serum),Homocysteine,Urine MCS,CMV,EBV,Toxoplasma
Sample Pending :

SNP - Reference No: 644269702 Status: F

Patient:	Ptolemy HORAN	**Linked by:**	Dr Gull Herzberg
DOB:	24/07/2005	**Message:**	No Action
Address:	39 Forest Close BOAMBEE 2450		
Ordered by:	Dr Gull Herzberg on 20/11/2018		
Copy to:	Dr Gull Herzberg		
Collected:	20/11/2018 - 11:29 AM	**Notified by:**	on 00/00/0000
Reported:	20/11/2018	**Message:**	

fatigue and low motivation for 3-4 months

Haematology

Haemoglobin	140	g/L	(110 - 150)
Haematocrit	0.40		(0.36 - 0.46)
Red cell count	4.9	10*12/L	(4.0 - 5.6)
MCV	82	fL	(77 - 95)
White cell count	L 4.5	10*9/L	(5.0 - 12.0)
Neutrophils	1.92	10*9/L	(1.5 - 7.5)
Lymphocytes	2.02	10*9/L	(1.0 - 6.5)
Monocytes	0.43	10*9/L	(0 - 1.5)
Eosinophils	0.08	10*9/L	(0 - 0.6)
Basophils	0.02	10*9/L	(0 - 0.20)
Platelets	293	10*9/L	(150 - 600)

Comments on Lab Id: 644269702

HA

Sullivan Nicolaides Pty Ltd. ABN 38 078 202 196. NATA/RCPA Accreditation No 1964

Tests Completed: E/LFT,FBE
Tests Pending : HDL-Cholesterol,Iron Studies,TFTH,Vitamin B12, Folate (Serum),Homocysteine,ESR,Urine MCS,CMV,EBV,Toxoplasma
Sample Pending :

SNP - Reference No: 644269702 Status: F

Patient:	Ptolemy HORAN	**Linked by:**	Dr Gull Herzberg
DOB:	24/07/2005	**Message:**	No Action

Sullivan Nicolaides Pty Ltd. ABN 38 078 202 196. NATA/RCPA Accreditation No 1964

Tests Completed: HDL-Cholesterol,Iron Studies,A/LFT,[illegible],Vitamin B12,
Folate (Serum),Homocysteine,Active B12,FBE,ESR,CRP,
EBV,Toxoplasma
Tests Pending : Urine MCS
Sample Pending :

[illegible] - Reference No: [illegible] Status: F

Patient:	[illegible]	Lodged by:	Dr Gail [illegible]
DOB:	[illegible]	Message:	No Action
Address:	[illegible]		
Ordered by:	Dr Gail [illegible] on 20/11/2018		
Copy to:	Dr Gail [illegible]		
Collected:	20/11/2018 - 11:29 am	Notified by:	on 00/00/0000
Reported:	20/11/2018	Message:	

Fatigue and low motivation for 3-4 months

Chemistry (serum)

			Units	Reference
Date	27/04/18	20/11/18		
Time F-Fast	1022	1129 F		
Lab Id.	[illegible]	[illegible]		
Sodium		138	mmol/L	(133-145)
Potassium		4.4	mmol/L	(3.5-5.3)
Chloride		104	mmol/L	(95-110)
Bicarbonate		24	mmol/L	(22-32)
Anion Gap		15	mmol/L	(<18)
Calcium (Corr.)		2.47	mmol/L	(2.20-2.65)
Phosphate		1.79 H	mmol/L	(1.00-1.70)
Urea		3.1	mmol/L	(2.1-6.3)
Urate		0.253	mmol/L	(0.180-0.450)
Creatinine		55	umol/L	(40-90)
Fast. Glucose		4.5	mmol/L	(3.6-6.0)
Total Protein		68	g/L	(65-80)
Albumin		40	g/L	(35-47)
Globulin		28	g/L	(23-42)
T Bilirubin		17 H	umol/L	(<16)
ALP		406	U/L	(100-450)
AST		21	U/L	(10-40)
ALT		12	U/L	(5-30)
GGT		9	U/L	(5-30)
LDH		234	U/L	(120-300)
Cholesterol		3.9	mmol/L	(3.9-5.5)
Iron	26 H		umol/L	(5-25)
Haemolysis Index	7	14		(<40)

Comments on Collection 20/11/18 1129 F:
E/LFT
Please note: eGFR cannot be calculated on patients less than 18 years old.

AR

Sullivan Nicolaides Pty Ltd. ABN 38 078 202 196. NATA/RCPA Accreditation No 1964

Tests Completed: E/LFT,FBE

Sullivan Nicolaides Pty Ltd. ABN 38 078 202 196. NATA/RCPA Accreditation No 1964

Tests Completed: HDL-Cholesterol,Iron Studies,E/LFT,TFTH,Vitamin B12,
Folate (Serum),Homocysteine,Active B12,FBE,ESR,CMV,
EBV,Toxoplasma
Tests Pending : Urine MCS
Sample Pending :

SNP - Reference No: 644269702 Status: F

Patient:	Ptolemy HORAN	**Linked by:**	Dr Gull Herzberg
DOB:	24/07/2005	**Message:**	No Action
Address:	39 Forest Close BOAMBEE 2450		
Ordered by:	Dr Gull Herzberg on 20/11/2018		
Copy to:	Dr Gull Herzberg		
Collected:	20/11/2018 - 11:29 AM	**Notified by:**	on 00/00/0000
Reported:	20/11/2018	**Message:**	

---

fatigue and low motivation for 3-4 months

Chemistry (serum)

Date	27/04/18	20/11/18			
Time F-Fast	1002	1129 F			
Lab Id.	641958477	644269702		Units	Reference
Sodium		138		mmol/L	(132-145)
Potassium		4.4		mmol/L	(3.5-5.5)
Chloride		104		mmol/L	(95-110)
Bicarbonate		24		mmol/L	(21-31)
Anion Gap		10		mmol/L	(<16)
Calcium (Corr.)		2.47		mmol/L	(2.20-2.65)
Phosphate		1.79 H		mmol/L	(1.00-1.70)
Urea		3.1		mmol/L	(2.5-6.5)
Urate		0.263		mmol/L	(0.180-0.450)
Creatinine		52		umol/L	(40-80)
Fast. Glucose		4.5		mmol/L	(3.6-6.0)
Total Protein		68		g/L	(65-80)
Albumin		40		g/L	(35-47)
Globulin		28		g/L	(23-42)
T Bilirubin		17 H		umol/L	(<16)
ALP		406		U/L	(100-450)
AST		23		U/L	(10-40)
ALT		12		U/L	(5-30)
GGT		9		U/L	(5-30)
LDH		234		U/L	(120-300)
Cholesterol		3.9		mmol/L	(3.9-5.5)
Iron	26 H			umol/L	(5-25)
Haemolysis Index	7	14			(<40)

Comments on Collection 20/11/18 1129 F:
E/LFT
Please note: eGFR cannot be calculated on patients less than 18 years old.

AR

Sullivan Nicolaides Pty Ltd. ABN 38 078 202 196. NATA/RCPA Accreditation No 1964

Tests Completed: E/LFT,FBE

Glucose	Nil		
Specific Gravity	1.015		(1.005 - 1.030)
Leucocytes	5	x 10*6/L	(<10)
Erythrocytes	0	x 10*6/L	(<10)
Squam Epi Cells	2	x 10*6/L	

Culture

No pathogens isolated

MICROAB

Sullivan Nicolaides Pty Ltd. ABN 38 078 202 196. NATA/RCPA Accreditation No 1964

Tests Completed: HDL-Cholesterol,Iron Studies,E/LFT,TPTH,Vitamin B12,
Folate (Serum),Homocysteine,Active B12,PBE,ESR,
Urine MCS,CMV,EBV,Toxoplasma

Tests Pending :

Sample Pending :