

Referrer Dr Daniel Chen
Address INSTANTSCRIPTS L19,644 CHAPEL STREET
SOUTH YARRA VIC 3141
Phone 1300391438

Lab ID 422789443
Your ref. 422789443
DOB 10/10/1989 (34 Yrs FEMALE)
Address 3 ING PLACE
NORANDA WA 6062
Phone 0481120794

Copy to Email Patient Copy (0893714200)

Requested 17/05/2024

Clinical Notes Not provided

Collected 17/05/2024 07:54

Received 17/05/2024 07:55

Serum Folate

Folic Acid 6.7 ug/L >3.8

CA

CLINIPATH PATHOLOGY NATA NO: 2619-2612

17-05-2024 23:08

Iron Studies

Test Name	Result	Units	Reference Interval	Comment
Iron	15	umol/L	5 - 30	
Transferrin	32	umol/L	25 - 45	
Saturation	23	%	10 - 45	
● Ferritin	24 L	ug/L	30 - 200	LOW

Comments

This pattern is suggestive of low iron stores. Unusually severe menstrual losses should be excluded. If there is no appropriate history, testing for other causes of blood loss, including faecal occult blood, should be considered.

CA

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C Reactive Protein

Test Name	Result	Units	Reference Interval	Comment
CRP	1	mg/L	<5	

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17-05-2024 22:13

Androgens

Test Name	Result	Units	Reference Interval	Comment
Testosterone	0.6	nmol/L	<2.0	
SHBG	46	nmol/L	30 - 120	
Free Androgen Index	1		<6	
DHEAS	4.9	umol/L	1.65 - 9.15	
Free Testosterone	8.7	pmol/L	1 - 34	

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Thyroid Function Tests

Test Name	Result	Units	Reference Interval	Comment
TSH	2.24	mU/L	0.4 - 4.0	
Free T4	13	pmol/L	9 - 19	
Free T3	3.4	pmol/L	3.0 - 5.5	
Thyroid Peroxidase Ab	<3.0	IU/mL	<6	
Thyroglobulin Ab	<3.0	IU/mL	<4	

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Hormones

FSH	4	U/L
LH	3	U/L
Oestradiol	<85	pmol/L
Progesterone	<1.0	nmol/L

Reference	FSH	LH	Oestradiol	Progesterone
Limits	U/L	U/L	pmol/L	nmol/L
Follicular	2-10	2-10	110-450	<2
Mid-Cycle	5-22	10-80	550-1300	<6
Luteal	2-10	2-8	350-800	>6
Menopausal	>20	>15	<85	<0.5
Post Menopausal	>20	>15	<85	<0.5

Comments

This pattern can be seen in early follicular phase or in anovulatory cycle. Suggest repeat study in 10-14 days to look for biochemical evidence of cycling if clinically indicated. Consider prolactin and TFT if history of amenorrhea.

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Prolactin

Prolactin	286	mIU/L	<425
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Insulin

Insulin Fasting 9 mU/L <20

Comments

High dose biotin (>5 mg/day) may artefactually decrease the result obtained by this method. If biotin interference needs to be excluded, please contact the Chemical Pathologist on 9371 4200.

DH

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17-05-2024 21:38

Vitamin B12

Test Name	Result	Units	Reference Interval	Comment
Vitamin B12	503	pmol/L	139 - 651	

Comments

Normal Vitamin B12 level; deficiency is unlikely.

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Androstenedione

Androstenedione 1.6 nmol/L 0.9 - 7.5

Note: Method and Reference Interval change 30.11.2023

Comments

Note: Androstenedione by Roche method.

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25 Hydroxy Vitamin D

Test Name	Result	Units	Reference Interval	Comment
25OH Vitamin D	60	nmol/L	50 - 150	

Comments

If at risk of falls or fractures suggest reassess Vitamin D at end of winter.

Medicare rebates for vitamin D testing are available for patients at risk of Vitamin D deficiency such as all those with chronic lack of sun exposure.

As 37% of Vitamin D requests in our practice show deficiency, we presume that your patient complies with the funding criteria. If this is not the case, please contact our accounts dept.

ANZBMS updated Position Statement Vitamin D and health in adults in Australia and New Zealand MJA 196 (11) 2012.

Vitamin D adequacy: >49 nmol/L at the end of winter (level may need to be 10-20 nmol/L higher at the end of summer, to allow for seasonal decrease).

Mild Deficiency	30-49	nmol/L
Moderate Deficiency	12.5-29	nmol/L
Severe Deficiency	< 12.5	nmol/L

SA

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Glucose/C-Peptide

Fasting Serum Glucose **5.5 H** mmol/L 3.5 - 5.4

Comments

Equivocal result. An oral Glucose Tolerance Test should be considered if the patient is not a known diabetic.

DH

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Reverse T3

Reverse T3 491 pmol/L 140 - 540

Comments

Testing performed at NATA laboratory accreditation number 1964

SS

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20-05-2024 14:30