MARCINKOWSKI, OLIVIA
60 ASHDALE BOULEVARD, DARCH. 6065
Birthdate: 08/01/1980 **Sex:** F **Medicare Number:** 6151079431
Your Reference: **Lab Reference:** 23-83008536-HAE-0
Laboratory: WESTERN DIAGNOSTIC PATHOLOGY
Addressee: DR ANNABEL J CARVOSSO **Referred by:** DR ANNABEL J CARVOSSO

Name of Test: HAEM MASTER - ENQUIRIES (HAE-0)
Requested: 28/12/2023 **Collected:** 28/12/2023 **Reported:** 29/12/2023 08:46

ROUTINE HAEMATOLOGY(Whole Blood)

RCC 4.62 x 10^12/L (3.80 - 5.80)	HAEMOGLOBIN	129	(115 - 160)	g/L
HCT 0.402 (0.370 - 0.470)	MCV	87	(80 - 98)	fL
MCH 27.9 pg (27.0 - 34.0)	MCHC	321	(315 - 360)	g/L
	RDW	13	(< 16)	%
	PLATELETS	236	(150 - 450)	x 10^9/L
	WHITE CELLS	7.4	(4.0 - 11.0)	x 10^9/L
	Neut 65%	4.8	(2.0 - 8.0)	" "
	Lymph 27%	2.0	(1.0 - 4.0)	" "
	Mono 7%	0.5	(0.2 - 1.2)	" "
	Eosin 1%	0.1	(< 0.7)	" "

Requested Tests : LIP*, LFT*, EUC*, CRP*, HAE

MARCINKOWSKI, OLIVIA
60 ASHDALE BOULEVARD, DARCH. 6065
Birthdate: 08/01/1980 **Sex:** F **Medicare Number:** 6151079431
Your Reference: **Lab Reference:** 23-83008536-CRP-0
Laboratory: WESTERN DIAGNOSTIC PATHOLOGY
Addressee: DR ANNABEL J CARVOSSO **Referred by:** DR ANNABEL J CARVOSSO

Name of Test: C-REACTIVE PROTEIN (CRP) (CRP-0)
Requested: 28/12/2023 **Collected:** 28/12/2023 **Reported:** 29/12/2023 09:51

C-REACTIVE PROTEIN (Serum) (Reference Range < 5)

Date	Time	Result mg/L	Lab. No.
12/09/23	07:40	< 1	89854601
28/12/23	14:10	4	83008536

Instrument: Siemens Atellica

Requested Tests : LIP*, LFT*, EUC*, CRP, HAE

MARCINKOWSKI, OLIVIA
60 ASHDALE BOULEVARD, DARCH. 6065
Birthdate: 08/01/1980 **Sex:** F **Medicare Number:** 6151079431
Your Reference: **Lab Reference:** 23-83008536-LIP-0
Laboratory: WESTERN DIAGNOSTIC PATHOLOGY
Addressee: DR ANNABEL J CARVOSSO **Referred by:** DR ANNABEL J CARVOSSO

Name of Test: LIPASE (LIP-0)
Requested: 28/12/2023 **Collected:** 28/12/2023 **Reported:** 29/12/2023 09:54

LIPASE (Serum) (Reference Range : 13 - 60 IU/L)

Date	Time	Result IU/L	Lab. No.
28/12/23	14:10	38	83008536

Instrument: Siemens Atellica

Requested Tests : LIP, LFT*, EUC, CRP, HAE

MARCINKOWSKI, OLIVIA
60 ASHDALE BOULEVARD, DARCH. 6065
Birthdate: 08/01/1980 **Sex:** F **Medicare Number:** 6151079431
Your Reference: **Lab Reference:** 23-83008536-EUC-0
Laboratory: WESTERN DIAGNOSTIC PATHOLOGY
Addressee: DR ANNABEL J CARVOSSO **Referred by:** DR ANNABEL J CARVOSSO

Name of Test: ELECTROLYTES INC CREAT (EUC-0)
Requested: 28/12/2023 **Collected:** 28/12/2023 **Reported:** 29/12/2023 09:54

CUMULATIVE ELECTROLYTES (Serum)

Date	Time	Na mmol/L (135 - 145)	K mmol/L (3.5 - 5.2)	Cl mmol/L (95 - 110)	HCO3 mmol/L (22 - 32)	Urea mmol/L (3.0 - 8.0)	Creat umol/L (45 - 90)	Lab.No.
07/09/23	11:55	140	4.3	105	29	3.8	73	82919388
07/12/23	14:00	139	4.0	105	26	5.0	73	82919699
28/12/23	14:10	138	3.8	105	25	4.8	74	83008536

eGFR : 85 mL/min/1.73m^2

EGFR by CKD-EPI formula (Med J Aust 2012; 197:222 -223).

Instrument: Siemens Atellica

Requested Tests : LIP, LFT*, EUC, CRP, HAE

MARCINKOWSKI, OLIVIA
60 ASHDALE BOULEVARD, DARCH. 6065
Birthdate: 08/01/1980 **Sex:** F **Medicare Number:** 6151079431
Your Reference: **Lab Reference:** 23-83008536-LFT-0
Laboratory: WESTERN DIAGNOSTIC PATHOLOGY
Addressee: DR ANNABEL J CARVOSSO **Referred by:** DR ANNABEL J CARVOSSO

Name of Test: LIVER FUNCTION TESTS (LFT-0)
Requested: 28/12/2023 **Collected:** 28/12/2023 **Reported:** 29/12/2023 09:56

CUMULATIVE LIVER FUNCTION TEST (Serum)
Please note change in report format as of 14/12/2021

Collection Date:	23/09/22	07/09/23	07/12/23	28/12/23		
Collection Time:	09:57	11:55	14:00	14:10		
Lab No:	89854170	82919388	82919699	83008536		
Bilirubin:	10	7	8	9	umol/L	(< 16)
Alk Phos:	41	47	35	42	U/L	(30 - 110)
Gamma GT:	12	11	14	15	U/L	(< 36)
ALT:	9	31	8	9	U/L	(< 31)
AST:	16	28	14	14	U/L	(< 31)
Albumin:	46	46	46	46	g/L	(38 - 50)
Protein:	74	76	76	75	g/L	(60 - 80)
Globulin Gap:	28	30	30	29	g/L	(22 - 38)

83008536 Progress Report.

Instrument: Siemens Atellica

Requested Tests : LIP, LFT, EUC, CRP, HAE

MARCINKOWSKI, OLIVIA
60 ASHDALE BOULEVARD, DARCH. 6065
Birthdate: 08/01/1980 **Sex:** F **Medicare Number:** 6151079431
Your Reference: **Lab Reference:** 23-84075077-NCP-0
Laboratory: WESTERN DIAGNOSTIC PATHOLOGY
Addressee: DR ANNABEL J CARVOSSO **Referred by:** DR ANNABEL J CARVOSSO

Name of Test: NOVEL CORONAVIRUS RT-PCR (NCP-0)
Requested: 28/12/2023 **Collected:** 29/12/2023 **Reported:** 30/12/2023 07:24

NOVEL CORONAVIRUS Real Time RT-PCR

Specimen: Respiratory Tract Swab

SARS-CoV-2 (COVID-19) RNA: Negative

The information provided on this pathology report may be insufficient to fulfil international travel requirements. If for travel, please check with your airline and destination country for their specific Travel Pathology Report requirements.

Pathologist: Dr Duncan McLellan (Head of Department Microbiology)

Requested Tests : RES*, NCP

MARCINKOWSKI, OLIVIA
60 ASHDALE BOULEVARD, DARCH. 6065
Birthdate: 08/01/1980 **Sex:** F **Medicare Number:** 6151079431
Your Reference: **Lab Reference:** 23-84075077-RES-0
Laboratory: WESTERN DIAGNOSTIC PATHOLOGY
Addressee: DR ANNABEL J CARVOSSO **Referred by:** DR ANNABEL J CARVOSSO

Name of Test: RESPIRATORY VIRUS PCR (RES-0)
Requested: 28/12/2023 **Collected:** 29/12/2023 **Reported:** 30/12/2023 07:26

Clinical notes: NCP SMS SENT --NCP result 0484059514

Clinical Notes : NCP SMS SENT --NCP result 0484059514

Respiratory Virus Nucleic Acid Detection Test

Specimen	: Respiratory Tract Swab
Influenza 'A' virus RNA	: Not Detected
Influenza 'B' virus RNA	: Not Detected
Respiratory Syncytial Virus RNA	: Not Detected
Human Metapneumovirus RNA . . .	: Not Detected
Parainfluenza RNA . . .	: Not Detected
Rhinovirus RNA . . .	: Not Detected
Adenovirus DNA . . .	: Not Detected

Requested Tests : RES, NCP

MARCINKOWSKI, OLIVIA
60 ASHDALE BOULEVARD, DARCH. 6065
Birthdate: 08/01/1980 **Sex:** F **Medicare Number:** 6151079431
Your Reference: **Lab Reference:** 23-84077836-UM-0
Laboratory: WESTERN DIAGNOSTIC PATHOLOGY
Addressee: DR ANNABEL J CARVOSSO **Referred by:** DR ANNABEL J CARVOSSO

Name of Test: URINE MICRO/CULTURE (UM-0)
Requested: 28/12/2023 **Collected:** 29/12/2023 **Reported:** 30/12/2023 11:16

MICROBIOLOGICAL EXAMINATION : Urine

Leucocytes . . . . :	> 100 /uL	Glucose . :	Negative
Red cells . . . . . :	< 20 /uL	pH. . . . :	6
Epithelial cells . :	20 - 100 /uL	Blood . . :	Negative
Nitrites. . . . . :	Negative	Leucocyte Esterase:	+++

CULTURE
1: Mixed growth.

Scanty mixed organisms cultured. This likely represents contamination at collection. If clinical concern remains, please recollect specimen. If further advice is required, please discuss with a Clinical Microbiologist.

Final Report

Requested Tests : UM