Patient Name: HOWARTH, JACQUELINE

 Patient Address:
 107 MATRON PORTER DR, NARRAWALLEE 2539

 D.O.B:
 19/09/1967
 Ger

 Medicare No.:
 6900182933
 IHI
Gender: F

IHI No.:

Lab. Reference: 24-28173690-TFT-0 **Provider:** Laverty Pathology Referred by: DR. WAN YI NG Addressee: DR WAN YI NG

Date Requested: 23/05/2024 **Date Performed:** 27/05/2024 **Date Collected:** 27/05/2024 Complete: Final

Specimen:

Subject(Test Name): THYROID FUNCTION TEST (TFT-0)

Clinical Information:

Clinical Notes : Yearly blood, HT.

THYROID PROFILE

12262339 22548881 24034159 28173690 Request Number 3 Aug 21 29 Mar 23 29 Jun 23 27 May 24 08:10 00:00 10:47 08:30 Date Collected Time Collected

Specimen Type: Serum

1.7 1.4 1.4 1.2 TSH (0.5-4.0) mIU/L

Result(s) consistent with euthyroidism.

Please note that without a specific indication, Medicare does not fund FT4 and FT3 testing in patients with normal TSH results. If these tests are clinically indicated please contact the laboratory.

Requested Tests: VBF*, TFT, STE*, GLU, MBA, LIP, HOR, FE, FBE, DVI, AND*, A1C*