

Report to **DR FULLER, ERIN**
193 CORLETTE ST
THE JUNCTION NSW 2291

 Patient **PAUL, REBECCA**
16 HILLCREST RD
GUNNEDAH 2380

 Phone **0437 689 463**

 D.O.B **13/05/92**

Age

31 Years

Sex

Female

 Ref. by/copy to **CC Drs: PARSONS, ROBERT**

 Collect date **09/03/24**

Lab ref

24-27000925

 Collect time **08:40 AM**

Your ref

 Reported **09/03/24 09:32 PM**

 Tests requested **VZ,TAA,SYP,RUL*,HOR*,FE*,FBE,A1C*,TOF,HBE*,DVI*,BGA* (* = pending)**

Clin notes

Clinical Notes : Fertility.

[Varicella Zoster Serology](#)

 Varicella-Zoster IgG (EIA) **DETECTED**

Consistent with past Chickenpox infection or vaccination.If recent contact or infection is suspected, please request VZV IgM antibodies and, if lesions are present, send a swab for VZV PCR.

All testing performed on serum or plasma unless otherwise specified.

**SURGERY
USE**

Normal

No Action/File

 Patient
Notified

 Make
Appoint.

Further Tests

 Notes
Required

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with Dr.

 On Correct
Treatment

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 Collect date **09/03/24**

Lab ref

24-27000925

 Collect time **08:40 AM**

Your ref

 Reported **09/03/24 10:23 PM**

 Tests requested **VZ,TAA,SYP,RUL*,HOR*,FE*,FBE,A1C,TOF,HBE*,DVI*,BGA* (* = pending)**

Clin notes

Clinical Notes : Fertility.

GLYCATED HAEMOGLOBIN (HbA1c)

Request Number	24009977	27000925
Date Collected	2 Jun 23	9 Mar 24
Time Collected	12:31	08:40
Specimen Type: EDTA		
HbA1c-NGSP (4.0-6.0) %	4.6	4.5
HbA1c-IFCC (20-42) mmol/mol	27	26

The WHO recommends that an HbA1c cut-off of $\geq 6.5\%$ (48 mmol/mol) is used to diagnose type 2 diabetes.

While it is recognised that HbA1c levels approaching this cut-off place patients at increasingly higher risk of developing diabetes ($<6.5\%$), there is no consensus as to exactly which cut-off at the lower end of the continuum to use for categorising patients as high risk. Various groups quote lower limits for at-risk patients that vary between 5.5% and 6.0% (37 and 42 mmol/mol).

Please note that HbA1c should not be used for diagnosing diabetes mellitus in the following circumstances:

- Children and young people
- Pregnancy - current or within the past 2 months
- Suspected Type 1 diabetes mellitus
- Symptoms of diabetes for <2 months
- Patients who are acutely ill
- Patients taking drugs that can cause rapid onset hyperglycaemia such as corticosteroids, antipsychotic drugs
- Acute pancreatic damage or pancreatic surgery
- Kidney failure
- Patients being treated for HIV infection

Please be cautious when requesting or interpreting HbA1c when patients:

- May have an abnormal haemoglobin
- May be anaemic
- May have an altered red cell lifespan (e.g. post-splenectomy)
- May have had a recent blood transfusion

SURGERY USE

Normal

No Action/File

 Patient
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Further Tests

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Phone: 13 39 36

Dr Lucinda Wallman

FC5066 02/10 #643469

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31 Years

Sex

Female

 Ref. by/copy to **CC Drs: PARSONS, ROBERT**

 Collect date **09/03/24**

Lab ref

24-27000925

 Collect time **08:40 AM**

Your ref

 Reported **11/03/24 02:44 PM**

 Tests requested **VZ,TAA,SYP,RUL,HOR,FE,FBE,A1C,TOF,HBE,DVI,BGA**

Clin notes

Clinical Notes : Fertility.

HAEMOGLOBIN ELECTROPHORESIS

 Date Collected **09 Mar 24**

 Time Collected **08:40**

Specimen Type: EDTA

Haemoglobin A	96.7	%		
Haemoglobin A2	3.0	%	(< 3.5)	
Haemoglobin F	0.3	%	(< 1.1)	if adult

HAEMOGLOBINOPATHY SCREEN: Hb EPG shows no abnormalities. A small proportion of thalassaemias may not be detected on routine Hb EPG/thalassaemia screen.

With pregnancy, additional information may be obtained by screening partner and siblings.

For queries contact Dr Lisa Clarke

SURGERY USE

Normal

No Action/File

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GUNNEDAH 2380

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 D.O.B **13/05/92**

Age

31 Years

Sex

Female

 Ref. by/copy to **CC Drs: PARSONS, ROBERT**

 Collect date **09/03/24**

Lab ref

24-27000925

 Collect time **08:40 AM**

Your ref

 Reported **09/03/24 11:04 PM**

 Tests requested **VZ,TAA,SYP,RUL*,HOR*,FE,FBE,A1C,TOF,HBE*,DVI,BGA* (* = pending)**

Clin notes

Clinical Notes : Fertility.

IRON STUDIES

Request Number	24009977	27000925
Date Collected	2 Jun 23	9 Mar 24
Time Collected	12:31	08:40
Specimen Type: Serum		
Iron (10-30)	umol/L	16
T'ferrin(32-48)	umol/L	33
T. Sat. (13-45)		25
Ferritin(30-165)	ug/L	67
		75

Normal serum ferritin result noted. However, this result does not exclude iron deficiency if the patient has concurrent inflammation. If there is clinical suspicion of iron deficiency and/or a concurrent inflammatory condition, suggest measurement of full iron studies and CRP.

SURGERY USE

Normal

No Action/File

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GUNNDAH 2380

 Phone **0437 689 463**

 D.O.B **13/05/92** Age **31 Years** Sex **Female**

 Ref. by/copy to **CC Drs: PARSONS, ROBERT**

 Collect date **09/03/24** Lab ref **24-27000925**

 Collect time **08:40 AM** Your ref

 Reported **10/03/24 00:30 PM**

 Tests requested **VZ,TAA,SYP,RUL,HOR,FE,FBE,A1C,TOF,HBE*,DVI,BGA* (* = pending)**

Clin notes

Clinical Notes : Fertility.

SERUM HORMONE PROFILE

Specimen Type: Serum

Request Number	Date Collected	FSH IU/L	LH IU/L	PROG nmol/L	E2(ATEL) pmol/L	E2(BECK) pmol/L	LH/FSH Ratio
26567863	22 Jan 24	4	1.7	11	263		
27000925	9 Mar 24		5.8	29	519		

Reference Ranges	FSH	LH	PROG	OESTRADIOL
Follicular	2-12	2-12	0.5-4.5	100-530
Midcycle	12-30	>15		235-1300
Luteal	2-12	2-15	10.6-89.1	205-790
Menopausal	>25	>10		<100
Prepubertal	<6	<4		

PLEASE NOTE:

- 'E2 (ATEL)' - Oestradiol by Siemens Atellica assay
- 'E2 (BECK)' - Oestradiol by Beckman Access assay

SURGERY USE

Normal
No Action/File
Patient Notified
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Further Tests
Notes Required
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On Correct Treatment

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 Collect date **09/03/24**

Lab ref

24-27000925

 Collect time **08:40 AM**

Your ref

 Reported **09/03/24 08:12 PM**

 Tests requested **VZ*,TAA,SYP*,RUL*,HOR*,FE*,FBE,A1C*,TOF,HBE*,DVI*,BGA* (* = pending)**

Clin notes

Clinical Notes : Fertility.

THYROID AUTOANTIBODIES

Specimen Type: Serum

Anti-Thyroglobulin Abs (aTGII)	< 1.3	IU/mL	(< 4.5)
Anti-Thyroidal Peroxidase Abs	44	IU/ml	(< 60)

Over 90% of patients with autoimmune thyroiditis show moderate to high levels of Anti-Thyroidal Peroxidase Abs (anti-TPO) with Anti-Thyroglobulin Abs (anti-Tg) also present in about 90% of such patients. Up to 75% of patients with Graves' hyperthyroidism show increased anti-TPO with anti-Tg present in 50-60%. Low levels of both anti-TPO and anti-Tg may be found in up to 10% of "normal" asymptomatic adults. In most cases of autoimmune thyroid disease increased anti-TPO is the predominant finding although a small proportion of patients show a predominant increase in anti-Tg.

Please note that as of 08/09/2021, Lavery Pathology changed to a reformulated Atellica anti-thyroglobulin antibody (aTGII) assay. The reference interval has been updated. Differences in individual patient results may be observed compared to the previous method. If further information is required please contact a Chemical Pathologist on 9005 7000.

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 Collect date **09/03/24**

Lab ref

24-27000925

 Collect time **08:40 AM**

Your ref

 Reported **09/03/24 07:02 PM**

 Tests requested **VZ*,TAA*,SYP*,RUL*,HOR*,FE*,FBE,A1C*,TOF,HBE*,DVI*,BGA* (* = pending)**

Clin notes

Clinical Notes : Fertility.

HAEMATOLOGY

Request Number	24009977	26567863	27000925
Date Collected	2 Jun 23	22 Jan 24	9 Mar 24
Time Collected	12:31	16:21	08:40
Specimen Type: EDTA			
Hb (115-165) g/L	153	143	139
Hct (0.34-0.47)	0.46	0.43	0.43
RCC (3.9-5.8) x10 ¹² /L	5.3	4.9	4.9
MCV (79-99) fL	86	86	89
MCH (27-34) pg	29	29	29
MCHC (320-360) g/L	336	336	323
RDW (10.0-17.0) %	12.2	12.2	12.4
WBC (4.0-11.0) x10 ⁹ /L	7.2	9.6	6.7
Neut (2.0-7.5) x10 ⁹ /L	3.8	5.3	3.5
Lymph(1.0-4.0) x10 ⁹ /L	2.6	3.6	2.5
Mono (0.2-1.0) x10 ⁹ /L	0.6	0.6	0.5
Eos (< 0.7) x10 ⁹ /L	0.1	0.1	0.1
Baso (< 0.2) x10 ⁹ /L	0.1	0.1	0.1
Plat (150-400) x10 ⁹ /L	259	292	254

HAEMATOLOGY: FBC parameters are within reference range.

SURGERY USE

Normal

No Action/File

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Notified

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Age

31 Years

Sex

Female

 Ref. by/copy to **CC Drs: GENEVA - LINGARD,**

 Collect date **22/01/24**

Lab ref

24-26567863

 Collect time **04:21 PM**

Your ref

874753745672

 Reported **23/01/24 01:32 PM**

 Tests requested **TFT,MBA,LIP,HOR,FBE,GLU**

Clin notes

SERUM HORMONE PROFILE

Specimen Type: Serum

Request Number	Date Collected	FSH IU/L	LH IU/L	PROG nmol/L	E2(ATEL) pmol/L	E2(BECK) pmol/L	LH/FSH Ratio
26567863	22 Jan 24	4	1.7	11	263		

Reference Ranges

	FSH	LH	PROG	OESTRADIOL
Follicular	2-12	2-12	0.5-4.5	100-530
Midcycle	12-30	>15		235-1300
Luteal	2-12	2-15	10.6-89.1	205-790
Menopausal	>25	>10		<100
Prepubertal	<6	<4		

PLEASE NOTE:

'E2 (ATEL)' - Oestradiol by Siemens Atellica assay

'E2 (BECK)' - Oestradiol by Beckman Access assay

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Age

31 Years

Sex

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 Ref. by/copy to **CC Drs: COPY TO CODE,**

 Collect date **22/01/24**

Lab ref

24-26567863

 Collect time **04:21 PM**

Your ref

874753745672

 Reported **23/01/24 08:38 AM**

 Tests requested **TFT*,MBA*,LIP*,HOR*,FBE,GLU* (* = pending)**

Clin notes

HAEMATOLOGY

Request Number	24009977	26567863
Date Collected	2 Jun 23	22 Jan 24
Time Collected	12:31	16:21
Specimen Type: EDTA		
Hb (115-165) g/L	153	143
Hct (0.34-0.47)	0.46	0.43
RCC (3.9-5.8) x10 ¹² /L	5.3	4.9
MCV (79-99) fL	86	86
MCH (27-34) pg	29	29
MCHC (320-360) g/L	336	336
RDW (10.0-17.0) %	12.2	12.2
WBC (4.0-11.0) x10 ⁹ /L	7.2	9.6
Neut (2.0-7.5) x10 ⁹ /L	3.8	5.3
Lymph(1.0-4.0) x10 ⁹ /L	2.6	3.6
Mono (0.2-1.0) x10 ⁹ /L	0.6	0.6
Eos (< 0.7) x10 ⁹ /L	0.1	0.1
Baso (< 0.2) x10 ⁹ /L	0.1	0.1
Plat (150-400) x10 ⁹ /L	259	292

HAEMATOLOGY: FBC parameters are within reference range.

SURGERY USE

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 Collect date **22/01/24**

Lab ref

24-26567863

 Collect time **04:21 PM**

Your ref

874753745672

 Reported **23/01/24 11:39 AM**

 Tests requested **TFT,MBA,LIP*,HOR*,FBE,GLU (* = pending)**

Clin notes

SERUM CHEMISTRY

Request Number	24009977	26567863
Date Collected	2 Jun 23	22 Jan 24
Time Collected	12:31	16:21
Specimen Type: Serum		

Haemolysis		Nil	Nil
Icterus		Nil	Nil
Lipaemia		Nil	Nil
Na	(135-145) mmol/L	139	139
K	(3.6-5.4) mmol/L	4.1	3.6
Cl	(95-110) mmol/L	103	101
HCO3	(22-32) mmol/L	24	25
An Gap	(10-20) mmol/L	16	17
Urea	(2.5-8.0) mmol/L	4.5	4.2
Creat	(45-90) umol/L	75	70
eGFR	mL/min/1.73m ²	> 90	> 90
Urate	(0.14-0.36) mmol/L	0.32	0.30
Bili	(< 15) umol/L	19	8
AST	(< 30) U/L	24	19
ALT	(< 30) U/L	22	20
GGT	(< 30) U/L	17	12
Alk Phos	(20-105) U/L	77	67
Protein	(60-82) g/L	78	72
Albumin	(38-50) g/L	50	48
Glob	(20-39) g/L	28	24
Ca	(2.10-2.60) mmol/L	2.54	2.53
Corr Ca	(2.10-2.60) mmol/L	2.40	2.43
P04	(0.75-1.50) mmol/L	1.06	1.03

eGFR >=90 mL/min/1.73m² usually indicates normal kidney function but does not exclude patients with early kidney damage (those with albuminuria, haematuria or abnormal kidney imaging).

SURGERY USE

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Age

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Sex

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 Ref. by/copy to **CC Drs: GENEVA - LINGARD,**

 Collect date **22/01/24**

Lab ref

24-26567863

 Collect time **04:21 PM**

Your ref

874753745672

 Reported **23/01/24 11:39 AM**

 Tests requested **TFT,MBA,LIP*,HOR*,FBE,GLU (* = pending)**

Clin notes

THYROID PROFILE

 Request Number **24009977 26567863**

 Date Collected **2 Jun 23 22 Jan 24**

 Time Collected **12:31 16:21**

Specimen Type: Serum

 TSH (0.5-4.0) mIU/L **2.0 1.7**

Result(s) consistent with euthyroidism.

Please note the above reference intervals have been developed from a non-pregnant healthy general population study.

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 D.O.B **13/05/92**

Age

31 Years

Sex

Female

 Ref. by/copy to **CC Drs: GENEAL - LINGARD,**

 Collect date **22/01/24**

Lab ref

24-26567863

 Collect time **04:21 PM**

Your ref

874753745672

 Reported **23/01/24 11:35 AM**

 Tests requested **TFT*,MBA*,LIP*,HOR*,FBE,GLU (* = pending)**

Clin notes

SERUM/PLASMA GLUCOSE

Request Number	24009977	26567863
Date Collected	2 Jun 23	22 Jan 24
Time Collected	12:31	16:21
Fasting status	Fasting	Random
Serum (3.4-7.7) mmol/L	4.4	5.8

Follow-up assessment with an oral glucose tolerance test or HbA1c has been recommended for patients with random glucose concentrations of 5.5 - 11.0 mmol/L to maximise detection of type 2 diabetes.

SURGERY USE

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 D.O.B **13/05/92**

Age

31 Years

Sex

Female

 Ref. by/copy to **CC Drs: GENEVA - LINGARD,**

 Collect date **22/01/24**

Lab ref

24-26567863

 Collect time **04:21 PM**

Your ref

874753745672

 Reported **23/01/24 11:43 AM**

 Tests requested **TFT,MBA,LIP,HOR*,FBE,GLU (* = pending)**

Clin notes

LIPID STUDIES

 Request Number **24009977 26567863**

 Date Collected **2 Jun 23 22 Jan 24**

 Time Collected **12:31 16:21**

Specimen Type: Serum

Reference intervals are included for reference only, and interpretation / treatment goals should be guided by patient-specific cardiovascular risk assessment (see Australian Cardiovascular Risk Charts. Alternatively, the web-site www.cvdcheck.org.au can be accessed in order to complete a risk assessment for individual patients.)

Haemolysis	Nil	Nil
Icterus	Nil	Nil
Lipaemia	Nil	Nil

		Fasting	Random
Fasting status			
Chol (3.6-5.2)	mmol/L	4.0	3.6
Trig (0.5-1.7)	mmol/L	0.6	0.6
HDL (1.0-2.0)	mmol/L	1.7	
LDL (1.5-3.4)		2.0	
Non-HDL (< 3.4)		2.3	
Chol/HDL(< 4.5)		2.4	

NVDPA TARGET LIPID RANGES (MMOL/L) FOR PATIENTS AT HIGH / MODERATE RISK OF CARDIOVASCULAR DISEASE:

TOTAL CHOLESTEROL	<4.0
TRIGS (FASTING)	<2.0
HDL-C	>= 1.0
LDL-C	<2.0
NON HDL-C	<2.5

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Age

32 Years

Sex

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 Ref. by/copy to **CC Drs: PARSONS, ROBERT**

 Collect date **03/04/24**

Lab ref

24-27194878

 Collect time **08:25 AM**

Your ref

 Reported **21/05/24 04:40 PM**

 Tests requested **CHM,CRO**

Clin notes

CHROMOSOME ANALYSIS OF BLOOD

G-Banding Studies:

Maximum band resolution: 550 bands per haploid set

15 cells counted

5 cells analysed

Karyotype: 46,XX. FEMALE.

Comment: No abnormalities were detected by conventional cytogenetic analysis.

SURGERY USE

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