Patient Name:	SCOTT, RAANA RAANA		
Patient Address:	26 COLLIE STREET, ESPERANCE 6450		
D.O.B:	22/01/1981	**Sex at Birth:**	F
Medicare No.:	61623739591	**IHI No.:**	
Lab. Reference:	G309003436	**Provider:**	PathWest
Addressee:	DR MYFANWY FALLON	**Referred by:**	DR MYFANWY FALLON
Date Requested:	24/06/2024	**Date Performed:**	9/07/2024
Date Collected:	9/07/2024	**Complete:**	Final
Specimen:			
Subject(Test Name):	THYROID FUNCTION TESTS		
Clinical Information:			

THYROID FUNCTION TESTS

Specimen: Serum Collected: 09/07/2024 08:09 Received: 10/07/2024 05:16

Test Name	Result	Flag	Ref-Range	Units
TSH	1.08		0.40 - 4.00	mU/L

Key for Lab Flag Column: L - Low, H - High, AB - Abnormal
Key for Micro - ** Result modified after Final Status

Copy to: COPY FOR PATIENT