Patient Name: SCOTT, RAANA RAANA

 Patient Address:
 26 COLLIE STREET, ESPERANCE 6450

 D.O.B:
 22/01/1981

 Medicare No.:
 61623739591

Sex at Birth: F

IHI No.:

Lab. Reference: G309003436 Provider: PathWest

Addressee: DR MYFANWY FALLON **Referred by:** DR MYFANWY FALLON

Date Performed: 9/07/2024 **Date Requested:** 24/06/2024 **Date Collected:** 9/07/2024 Complete: Final

Specimen:

Subject(Test Name): VITAMINS

Clinical Information:

VITAMINS

Specimen: Serum Collected: 09/07/2024 08:09 Received: 10/07/2024 05:16 Test Name Flag Ref-Range Result Units

Vitamin B12 310 140 - 1000 pmol/L

See below Comment

Vitamin B12 deficiency is unlikely. Holotranscobalamin (Active B12) is not indicated. This result should be interpreted with the clinical picture.

>7.0 Folate 41.3 nmol/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