

Patient Name: SCOTT, RAANA RAANA
Patient Address: 26 COLLIE STREET, ESPERANCE 6450
D.O.B: 22/01/1981
Medicare No.: 61623739591
Lab. Reference: G309003436
Addressee: DR MYFANWY FALLON

Sex at Birth: F
IHI No.:
Provider: PathWest
Referred by: DR MYFANWY FALLON

Date Requested: 24/06/2024
Date Collected: 9/07/2024

Date Performed: 9/07/2024
Complete: Final

Specimen:
Subject(Test Name): CALCIUM AND BONE MARKERS
Clinical Information:

CALCIUM AND BONE MARKERS

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

Test Name	Result	Flag	Ref-Range	Units
Vitamin D 25 OH	56		>50	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