

LEE, RACHEAL

For Surgery Use ☐ Urgent ☐ Ring Patient ☐ Make Appointment ☐ Note in Chart ☐ File ☐

<b>Patient</b>	<b>RILEY, KATE</b>	<b>10 11 MAEVA ST JUBILEE POCKET QLD 4802</b>	<b>Requested</b>	04/07/2024
<b>Sex</b>	<b>F</b>	<b>Age</b> 30 years <b>DOB</b> 24/04/1994	<b>Collected</b>	04/07/2024 09:11 AM
<b>Report For</b>	LEE, RACHEAL		<b>Reported</b>	09/07/2024 12:05 PM
<b>Ref. by/copy to</b>	LEE, RACHEAL			

## MTHFR GENOTYPE ANALYSIS

**SPECIMEN:** Peripheral blood  
**REASON FOR REFERRAL:** Nil stated

**RESULTS:**  
**C677T mutation:** NOT Detected  
**A1298C mutation:** Heterozygous (single mutated allele detected)

This patient is heterozygous for the MTHFR A1298C mutation. Studies have shown that without the presence of the C677T mutation, this is NOT associated with increased plasma homocysteine levels or venous thrombosis.

**METHOD:**  
 The methylenetetrahydrofolate reductase gene (MTHFR, Ref. Sequence: NM\_005957.4) was screened for the presence of C677T (also known as c.677C>T/c.665C>T) and A1298C (also known as c.1298A>C/c.1286A>C) mutations using real-time PCR analysis (Hanson et al. Clin Chem. 2001;661-666).

**Note :** Changes to MBS on 01/03/23 require a proven history of thromboembolism in the patient or a proven mutation in a first degree relative for the above test/s to be refundable by Medicare. As no relevant history was supplied/exists, the patient will be billed for these tests. Please contact Patient Accounts on 1800 350 046 to arrange appropriate billing if patient has a positive history.

For enquiries consult Dr Peter Davidson or Dr Abhijit Kulkarni.

Pathology Report

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CUMULATIVE SERUM HOMOCYSTEINE

Date 04/07/24  
Time 09:11  
Lab No 76195731

Homocysteine 15.0 umol/L (0.0-15.0)

76195731 High normal value.  
With this level, the heterozygous state for defects of  
transsulphuration (homocysteinaemia) is unlikely. However the  
risk of coronary artery disease may be mildly elevated over the  
baseline. This is independent of other risk factors.

Homocysteine Related Risk	
Plasma level (umol/L)	Risk Average
Below 9.0	No increase
9.0 - 14.9	x 2
15.0 - 19.9	x 3
20.0 or greater	x 4.5
Risks approximated from New Eng J Med 1997 (337:230-236)	

Pathology Report