

**Birthdate:** 04/07/1964    **Sex:** F    **Medicare Number:** 40364631171  
**Your Reference:**    **Lab Reference:** 14-66898554-CDW-0  
**Laboratory:** QML Pathology  
**Addressee:** DR DORA Y LEE    **Referred by:** DR DORA Y LEE

**Name of Test:** COELIAC AB MASTER  
**Requested:** 02/06/2014    **Collected:** 03/06/2014    **Reported:** 04/06/2014    14:17

#### COELIAC DISEASE SEROLOGY

Gliadin IgG (deamidated peptide) < 5.0 U/ml (< 15.0)  
TTG IgA (human recombinant) Not Detected

Anti-gliadin IgA antibodies are no longer be measured for coeliac serology. Anti-tissue transglutaminase IgA testing is recommended if not already requested.

Negative serology makes the diagnosis of untreated coeliac disease unlikely. Falsely negative coeliac disease serology may occur if the patient is on a gluten free diet at the time of testing. If a strong clinical suspicion for coeliac disease exists, genetic testing for coeliac disease (HLA DQ2/DQ8) should be considered. A negative result for DQ2/DQ8 makes the diagnosis of coeliac disease highly unlikely. A small bowel biopsy may be required in the event of a positive DQ2/DQ8 result.

For enquiries, contact Dr David Heyworth-Smith (ph 07 31214444)

Tests Completed:TSH, IRON STUDIES, TTG, GLIADIN AB, FBC, RBC FOLATE, SE E/LFT  
Tests Completed:SE VIT D, SE HDL, ACTIVE VITAMIN B12  
Tests Pending :

ROBERTSON, ROXANNE ERICA  
15 WILLE CT, ORMEAU. 4208  
**Phone:** 38413442  
**Birthdate:** 04/07/1964    **Sex:** F    **Medicare Number:** 40364631191  
**Your Reference:**    **Lab Reference:** 23-65542192-DSZ-0  
**Laboratory:** QML Pathology  
**Addressee:** DR NATASHA LAURENS    **Referred by:** DR NATASHA LAURENS

**Name of Test:** GENERAL SWABS/FLUIDS  
**Requested:** 27/11/2023    **Collected:** 27/11/2023    **Reported:** 29/11/2023    10:39

#### MICROBIOLOGICAL EXAMINATION

Specimen: Feet swab

##### GRAM STAIN

No leucocytes seen  
A few epithelial cells seen  
A few gram positive cocci seen  
No fungal elements seen

##### BACTERIAL CULTURE

Org 1: **Staphylococcus aureus** ++

Comment: Isolated in the presence of normal skin flora.

#### SUSCEPTIBILITY

	Org 1
Amoxycillin+Clavulanic acid	S
Penicillin	S
Flu(di)cloxacillin	S
Cephalexin	S
Erythromycin	S
Co-trimoxazole	S
Tetracycline	S
Clindamycin	S

Clinical Notes : erythematous desquamation webspaces both feet L) +

Tests Completed:GENERAL SWABS/FLUIDS  
Tests Pending :

ROBERTSON, ROXANNE ERICA  
15 WILLE CT, ORMEAU. 4208  
**Phone:** 38413442  
**Birthdate:** 04/07/1964 **Sex:** F **Medicare Number:** 40364631191  
**Your Reference:** **Lab Reference:** 23-74795944-FMI-0  
**Laboratory:** QML Pathology  
**Addressee:** DR NATASHA LAURENS **Referred by:** DR NATASHA LAURENS

**Name of Test:** FUNGAL MICRO  
**Requested:** 27/11/2023 **Collected:** 27/11/2023 **Reported:** 01/12/2023 09:17

MYCOLOGICAL EXAMINATION  
Specimen: Skin  
Site: Left foot  
MICROSCOPY  
No fungal elements seen on direct microscopy.  
CULTURE  
pending

Clinical Notes : nil

Tests Completed:  
Tests Pending :FUNGAL M/C

ROBERTSON, ROXANNE ERICA  
15 WILLE CT, ORMEAU. 4208  
**Phone:** 38413442  
**Birthdate:** 04/07/1964 **Sex:** F **Medicare Number:** 40364631191  
**Your Reference:** **Lab Reference:** 23-74796346-CDW-0  
**Laboratory:** QML Pathology  
**Addressee:** DR NATASHA LAURENS **Referred by:** DR NATASHA LAURENS  
**Copy to:**  
DR GEORGINA LYONS

**Name of Test:** COELIAC AB MASTER  
**Requested:** 11/12/2023 **Collected:** 11/12/2023 **Reported:** 13/12/2023 14:25

#### COELIAC DISEASE SEROLOGY

Gliadin IgG (deamidated peptide)	0.2 U/mL	(0-7)
TTG IgA (human recombinant)	0.1	(0-7)

Negative serology makes the diagnosis of untreated coeliac disease unlikely provided the patient is on a gluten containing diet.

If a strong clinical suspicion exists, genetic testing for coeliac disease (HLA DQ2/DQ8) should be considered. A negative result for DQ2/DQ8 makes the diagnosis of coeliac disease highly unlikely. A small bowel biopsy may be required in the event of a positive DQ2/DQ8 result.

For enquiries, contact Dr Paul Campbell 07 3121 4444  
Patients should contact their referring doctor in regard to this result.

Clinical Notes : hx subclinical hypothyroidsim and B12 deficiency++

Tests Completed:THYROID TISSUE AB, TFT, SE IGA, IRON STUDIES, TTG, GLIADIN AB, FBC  
Tests Completed:SERUM FOLATE, SERUM VITAMIN B12, ACTIVE VITAMIN B12, SE E/LFT, SE HDL  
Tests Completed:IGE LEVELS, INTRINSIC FACTOR ANTIBODY, ANA  
Tests Pending :

ROBERTSON, ROXANNE ERICA  
15 WILLE CT, ORMEAU. 4208  
**Phone:** 38413442  
**Birthdate:** 04/07/1964 **Sex:** F **Medicare Number:** 40364631191  
**Your Reference:** **Lab Reference:** 23-74796346-CBC-0  
**Laboratory:** QML Pathology  
**Addressee:** DR NATASHA LAURENS **Referred by:** DR NATASHA LAURENS  
**Copy to:**  
DR GEORGINA LYONS

**Name of Test:** MASTER FULL BLOOD COUNT  
**Requested:** 11/12/2023 **Collected:** 11/12/2023 **Reported:** 11/12/2023 16:21

CUMULATIVE FULL BLOOD EXAMINATION

Date 11/12/23  
Time 11:31  
Lab No 74796346

Hb	135	g/L	(115-160)
RCC	4.4	x10 ^12 /L	(3.6-5.2)
Hct	0.40		(0.33-0.46)
MCV	92	fL	(80-98)
MCH	31	pg	(27-35)
Plats	288	x10 ^9 /L	(150-450)
WCC	4.8	x10 ^9 /L	(4.0-11.0)
Neuts	51 %	2.4 x10 ^9 /L	(2.0-7.5)
Lymphs	40 %	1.9 x10 ^9 /L	(1.1-4.0)
Monos	6 %	0.3 x10 ^9 /L	(0.2-1.0)
Eos	2 %	0.10 x10 ^9 /L	(0.04-0.40)
Basos	1 %	0.05 x10 ^9 /L	(< 0.21)

74796346 **Automated Comment:**

As per ISLH guidelines - Film not reviewed. If a film review is truly indicated, contact the laboratory within 24 hours of collection. Otherwise investigate any highlighted abnormalities as clinically appropriate.

All haematology parameters are within normal limits for age and sex.

\*\* FINAL REPORT - Please destroy previous report \*\*

Clinical Notes : hx subclinical hypothyroidsim and B12 deficiency++

Tests Completed:FBC  
Tests Pending :THYROID TISSUE AB, TFT, SE IGA, IRON STUDIES, TTG, GLIADIN AB  
Tests Pending :SERUM FOLATE, SERUM VITAMIN B12, ACTIVE VITAMIN B12, SE E/LFT, SE HDL  
Tests Pending :IGE LEVELS, INTRINSIC FACTOR ANTIBODY, ANA

ROBERTSON, ROXANNE ERICA  
15 WILLE CT, ORMEAU. 4208  
**Phone:** 38413442  
**Birthdate:** 04/07/1964 **Sex:** F **Medicare Number:** 40364631191  
**Your Reference:** **Lab Reference:** 23-74796346-BFM-0  
**Laboratory:** QML Pathology  
**Addressee:** DR NATASHA LAURENS **Referred by:** DR NATASHA LAURENS  
**Copy to:**  
DR GEORGINA LYONS

**Name of Test:** MASTER VITAMIN B12 FOLATE  
**Requested:** 11/12/2023 **Collected:** 11/12/2023 **Reported:** 11/12/2023 18:44

CUMULATIVE VITAMIN B12 AND FOLATE ASSAYS

Date 11/12/23  
Time 11:31  
Lab No 74796346

B12 Total 463 pmol/L (162-811)  
Active B12 > 146 pmol/L (> 35)  
S.Fol. 28.3 nmol/L (8.4-55.0)

**Comment:**  
74796346

Serum Folate Assay:  
Adequate Serum Folate.  
In the absence of recent oral intake, a serum folate >13 nmol/L effectively rules out folate deficiency. Consider repeat fasting Folate, if there has been inadequate fasting, and clinical concern remains.

Serum Vitamin B12 Assay:  
Essentially normal B12 levels, although liver disease if present may falsely elevate the level.

Holo TC Assay:  
No suggestion of vitamin B12 deficiency.  
High B12 levels are commonly seen with vitamin B12 replacement therapy.

Methodology:  
B12 and Active B12 (HoloTC) assays performed on Siemens Atellica analyser.

For Doctor clinical enquiries, please contact Dr Peter Davidson 07 3121 4444.  
Patients should contact their referring doctor in regard to this result.

Clinical Notes : hx subclinical hypothyroidism and B12 deficiency++

Tests Completed:FBC, SERUM FOLATE, SERUM VITAMIN B12, ACTIVE VITAMIN B12  
Tests Pending :THYROID TISSUE AB, TFT, SE IGA, IRON STUDIES, TTG, GLIADIN AB  
Tests Pending :SE E/LFT, SE HDL, IGE LEVELS, INTRINSIC FACTOR ANTIBODY, ANA

ROBERTSON, ROXANNE ERICA  
15 WILLE CT, ORMEAU. 4208  
**Phone:** 38413442  
**Birthdate:** 04/07/1964 **Sex:** F **Medicare Number:** 40364631191  
**Your Reference:** **Lab Reference:** 23-74796346-THY-0  
**Laboratory:** QML Pathology  
**Addressee:** DR NATASHA LAURENS **Referred by:** DR NATASHA LAURENS  
**Copy to:** DR GEORGINA LYONS

**Name of Test:** THYROID TEST MASTER  
**Requested:** 11/12/2023 **Collected:** 11/12/2023 **Reported:** 11/12/2023 18:46

CUMULATIVE SERUM THYROID FUNCTION TESTS

Date 03/06/14 18/01/18 11/12/23  
Time 08:55 10:05 11:31  
Lab No 66898554 67761150 74796346

TSH 1.4 4.4 1.2 mIU/L (0.50-4.00)  
free T4 17 pmol/L (10-20)  
free T3 3.8 pmol/L (2.8-6.8)

Thyroglobulin AbII < 1.3 IU/mL (< 4.6)  
Thy. Peroxidase Ab < 28 IU/mL (< 60)

Euthyroid level.

These antibody levels are not suggestive of Thyroid inflammatory or rapidly progressing neoplasia. However 15% of Hashimoto's does not produce measurable antibodies. Prior autoimmune activity cannot be excluded.

Please note that as of 06/9/2021, QML Pathology changed to a reformulated Atellica Thyroglobulin Antibody (TgAbII) 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 (07) 3121 4444.

Clinical Notes : hx subclinical hypothyroidism and B12 deficiency++

Tests Completed: THYROID TISSUE AB, TFT, FBC, SERUM FOLATE, SERUM VITAMIN B12  
Tests Completed: ACTIVE VITAMIN B12  
Tests Pending : SE IGA, IRON STUDIES, TTG, GLIADIN AB, SE E/LFT, SE HDL, IGE LEVELS  
Tests Pending : INTRINSIC FACTOR ANTIBODY, ANA

ROBERTSON, ROXANNE ERICA  
15 WILLE CT, ORMEAU. 4208  
Phone: 38413442  
Birthdate: 04/07/1964 Sex: F Medicare Number: 40364631191  
Your Reference: Lab Reference: 23-74796346-HDL-0  
Laboratory: QML Pathology  
Addressee: DR NATASHA LAURENS Referred by: DR NATASHA LAURENS  
Copy to:  
DR GEORGINA LYONS

Name of Test: HDL CHOLESTEROL, SERUM  
Requested: 11/12/2023 Collected: 11/12/2023 Reported: 11/12/2023 18:53

CUMULATIVE LIPID RISK REPORT

Date	11/12/23
Time	11:31
Lab No	74796346
	RANDOM
	Target if HIGH RISK
Total Cholesterol	9.8 mmol/L (below 4.0)
Triglycerides	0.9 mmol/L (below 2.0)
CHOLESTEROL FRACTIONS	
HDL	1.80 mmol/L (above 1.0)
LDL (calculated)*	7.59 mmol/L (below 2.5)
Non-HDL cholesterol*	8.00 mmol/L (below 3.3)
Total/HDL ratio**	5.4

\* Secondary prevention LDL and non-HDL cholesterol targets are lower.

\*\* The ratio is for use with the cardiovascular risk calculator.

Web-search: "Australian cardiovascular risk calculator"

74796346 Treatment is recommended if clinically indicated or if calculated risk exceeds 15% absolute risk of CVD events over 5 years.

NVDPA 2012 Target ranges refer to HIGH RISK PATIENTS.

As of 7/3/22 LDL will no longer be measured routinely. LDL results will be calculated, in accordance with National harmonisation.

Clinical Notes : hx subclinical hypothyroidism and B12 deficiency++

Tests Completed: THYROID TISSUE AB, TFT, SE IGA, IRON STUDIES, FBC, SERUM FOLATE  
Tests Completed: SERUM VITAMIN B12, ACTIVE VITAMIN B12, SE E/LFT, SE HDL

Tests Pending :TTG, GLIADIN AB, IGE LEVELS, INTRINSIC FACTOR ANTIBODY, ANA

ROBERTSON, ROXANNE ERICA  
15 WILLE CT, ORMEAU. 4208  
**Phone:** 38413442  
**Birthdate:** 04/07/1964 **Sex:** F **Medicare Number:** 40364631191  
**Your Reference:** **Lab Reference:** 23-74796346-25T-0  
**Laboratory:** QML Pathology  
**Addressee:** DR NATASHA LAURENS **Referred by:** DR NATASHA LAURENS  
**Copy to:**  
DR GEORGINA LYONS

**Name of Test:** E/LFT (MASTER)  
**Requested:** 11/12/2023 **Collected:** 11/12/2023 **Reported:** 11/12/2023 18:53

CUMULATIVE SERUM BIOCHEMISTRY  
Date 11/12/23  
Time 11:31  
Lab No 74796346  
RANDOM RANDOM  
Sodium 135 mmol/L (137-147)  
Potass. 4.1 mmol/L (3.5-5.0)  
Chloride 98 mmol/L (96-109)  
Bicarb 26 mmol/L (25-33)  
An.Gap 15 mmol/L (4-17)  
Gluc 4.0 mmol/L (3.0-7.7)  
Urea 3.8 mmol/L (2.5-7.5)  
Creat 65 umol/L (50-120)  
eGFR 89 mL/min (over 59)  
Urate 0.50 mmol/L (0.14-0.35)  
T.Bili 9 umol/L (2-20)  
Alk.P 38 U/L (30-115)  
GGT 11 U/L (0-45)  
ALT 15 U/L (0-45)  
AST 24 U/L (0-41)  
LD 134 U/L (80-250)  
Calcium 2.37 mmol/L (2.15-2.60)  
Corr.Ca 2.25 mmol/L (2.15-2.60)  
Phos 1.1 mmol/L (0.8-1.5)  
T.Prot 76 g/L (60-82)  
Alb 47 g/L (35-50)  
Glob 29 g/L (20-40)  
Chol 9.8 mmol/L (3.9-7.4)  
Trig 0.9 mmol/L (0.3-4.0)  
Lab No 74796346  
Date 11/12/23

Clinical Notes : hx subclinical hypothyroidsim and B12 deficiency++

Tests Completed:THYROID TISSUE AB, TFT, SE IGA, IRON STUDIES, FBC, SERUM FOLATE  
Tests Completed:SERUM VITAMIN B12, ACTIVE VITAMIN B12, SE E/LFT, SE HDL  
Tests Pending :TTG, GLIADIN AB, IGE LEVELS, INTRINSIC FACTOR ANTIBODY, ANA

ROBERTSON, ROXANNE ERICA  
15 WILLE CT, ORMEAU. 4208  
**Phone:** 38413442  
**Birthdate:** 04/07/1964 **Sex:** F **Medicare Number:** 40364631191  
**Your Reference:** **Lab Reference:** 23-74796346-SPQ-0  
**Laboratory:** QML Pathology  
**Addressee:** DR NATASHA LAURENS **Referred by:** DR NATASHA LAURENS  
**Copy to:**  
DR GEORGINA LYONS

**Name of Test:** SPECIFIC PROTEINS(MASTER)  
**Requested:** 11/12/2023 **Collected:** 11/12/2023 **Reported:** 11/12/2023 18:53

SERUM IMMUNOGLOBULINS

IgA 1.1 g/L (0.7-3.6)

For any unexplained elevated immunoglobulins we suggest serum protein electrophoresis. Total immunoglobulins may be under or over-estimated if a paraprotein is present.

Clinical Notes : hx subclinical hypothyroidism and B12 deficiency++

Tests Completed: THYROID TISSUE AB, TFT, SE IGA, IRON STUDIES, FBC, SERUM FOLATE  
Tests Completed: SERUM VITAMIN B12, ACTIVE VITAMIN B12, SE E/LFT, SE HDL  
Tests Pending : TTG, GLIADIN AB, IGE LEVELS, INTRINSIC FACTOR ANTIBODY, ANA

ROBERTSON, ROXANNE ERICA  
15 WILLE CT, ORMEAU. 4208  
**Phone:** 38413442  
**Birthdate:** 04/07/1964 **Sex:** F **Medicare Number:** 40364631191  
**Your Reference:** **Lab Reference:** 23-74796346-ISM-0  
**Laboratory:** QML Pathology  
**Addressee:** DR NATASHA LAURENS **Referred by:** DR NATASHA LAURENS  
**Copy to:** DR GEORGINA LYONS

**Name of Test:** MASTER IRON STUDIES  
**Requested:** 11/12/2023 **Collected:** 11/12/2023 **Reported:** 11/12/2023 18:53

CUMULATIVE IRON STUDIES  
Date 11/12/23  
Time 11:31  
Lab No 74796346

Iron	15	umol/L	(10-33)
TIBC	48	umol/L	(45-70)
Saturation	31	%	(16-50)
Ferritin	109	ug/L	(30-320)

Clinical Notes : hx subclinical hypothyroidism and B12 deficiency++

Tests Completed: THYROID TISSUE AB, TFT, SE IGA, IRON STUDIES, FBC, SERUM FOLATE  
Tests Completed: SERUM VITAMIN B12, ACTIVE VITAMIN B12, SE E/LFT, SE HDL  
Tests Pending : TTG, GLIADIN AB, IGE LEVELS, INTRINSIC FACTOR ANTIBODY, ANA

ROBERTSON, ROXANNE ERICA  
15 WILLE CT, ORMEAU. 4208  
**Phone:** 38413442  
**Birthdate:** 04/07/1964 **Sex:** F **Medicare Number:** 40364631191  
**Your Reference:** **Lab Reference:** 23-74796346-ANA-0  
**Laboratory:** QML Pathology  
**Addressee:** DR NATASHA LAURENS **Referred by:** DR NATASHA LAURENS  
**Copy to:** DR GEORGINA LYONS

**Name of Test:** ANTINUCLEAR ANTIBODY  
**Requested:** 11/12/2023 **Collected:** 11/12/2023 **Reported:** 12/12/2023 10:09

ANTINUCLEAR ANTIBODY SEROLOGY

Anti-nuclear antibodies Negative

The ANA test is negative at the screening dilution of 1:80. A negative ANA excludes SLE in most cases. Consider ENA screening for patients with features of Sjogren's syndrome (to detect antibodies to SS-A which may co-exist with a negative ANA).  
Anti-dsDNA antibody testing is usually not warranted with a negative ANA

unless the clinical suspicion of SLE is high.

For enquiries, contact Dr Paul Campbell 07 3121 4444

Patients should contact their referring doctor in regard to this result.

Clinical Notes : hx subclinical hypothyroidism and B12 deficiency++

Tests Completed: THYROID TISSUE AB, TFT, SE IGA, IRON STUDIES, FBC, SERUM FOLATE

Tests Completed: SERUM VITAMIN B12, ACTIVE VITAMIN B12, SE E/LFT, SE HDL, ANA

Tests Pending : TTG, GLIADIN AB, IGE LEVELS, INTRINSIC FACTOR ANTIBODY

ROBERTSON, ROXANNE ERICA

15 WILLE CT, ORMEAU. 4208

Phone: 38413442

Birthdate: 04/07/1964 Sex: F Medicare Number: 40364631191

Your Reference: Lab Reference: 23-74796346-IGE-0

Laboratory: QML Pathology

Addressee: DR NATASHA LAURENS Referred by: DR NATASHA LAURENS

Copy to:

DR GEORGINA LYONS

Name of Test: IGE LEVELS

Requested: 11/12/2023 Collected: 11/12/2023 Reported: 12/12/2023 13:32

#### IMMUNOGLOBULIN

IgE (Immunoassay) 5 kIU/L (0-100)

Please Note: The units of this assay (kIU/L) are equivalent to IU/mL.

For enquiries, contact Dr Paul Campbell 07 3121 4444

Patients should contact their referring doctor in regard to this result.

Clinical Notes : hx subclinical hypothyroidism and B12 deficiency++

Tests Completed: THYROID TISSUE AB, TFT, SE IGA, IRON STUDIES, FBC, SERUM FOLATE

Tests Completed: SERUM VITAMIN B12, ACTIVE VITAMIN B12, SE E/LFT, SE HDL, IGE LEVELS

Tests Completed: ANA

Tests Pending : TTG, GLIADIN AB, INTRINSIC FACTOR ANTIBODY

ROBERTSON, ROXANNE ERICA

15 WILLE CT, ORMEAU. 4208

Phone: 38413442

Birthdate: 04/07/1964 Sex: F Medicare Number: 40364631191

Your Reference: Lab Reference: 23-74796346-IF-0

Laboratory: QML Pathology

Addressee: DR NATASHA LAURENS Referred by: DR NATASHA LAURENS

Copy to:

DR GEORGINA LYONS

Name of Test: INTRINSIC FACTOR ANTIBODY

Requested: 11/12/2023 Collected: 11/12/2023 Reported: 12/12/2023 14:57

#### PERNICIOUS ANAEMIA SEROLOGY

Intrinsic Factor Antibody	Negative	
Serum Vitamin B12 Assay	463 pmol/L	(162-811)
Holo TC Assay	> 146 pmol/L	(> 35)

In the absence of known treated B12 deficiency, these results show no immunologic evidence of pernicious anaemia.



For enquiries, please contact Dr Peter Davidson (07 3121 4605)

Clinical Notes : hx subclinical hypothyroidism and B12 deficiency++

Tests Completed: THYROID TISSUE AB, TFT, SE IGA, IRON STUDIES, FBC, SERUM FOLATE  
Tests Completed: SERUM VITAMIN B12, ACTIVE VITAMIN B12, SE E/LFT, SE HDL, IGE LEVELS  
Tests Completed: INTRINSIC FACTOR ANTIBODY, ANA  
Tests Pending : TTG, GLIADIN AB

ROBERTSON, ROXANNE ERICA  
15 WILLE CT, ORMEAU. 4208  
Phone: 38413442  
Birthdate: 04/07/1964 Sex: F Medicare Number: 40364631191  
Your Reference: Lab Reference: 23-74796437-FMZ-0  
Laboratory: QML Pathology  
Addressee: DR NATASHA LAURENS Referred by: DR NATASHA LAURENS

Name of Test: FAECES OCP AND M/C/S  
Requested: 11/12/2023 Collected: 13/12/2023 Reported: 15/12/2023 10:49

FAECES FOR EXAMINATION  
APPEARANCE: Semi-formed  
MICROSCOPY  
No ova, cysts or parasites seen

CULTURE  
No bacterial pathogens isolated

Clinical Notes : ?parasitic infection since returning from the ...

Tests Completed: FAECES OCP & M/C/S, FAECAL MULTIPLEX PCR  
Tests Pending :

ROBERTSON, ROXANNE ERICA  
15 WILLE CT, ORMEAU. 4208  
Phone: 38413442  
Birthdate: 04/07/1964 Sex: F Medicare Number: 40364631191  
Your Reference: Lab Reference: 23-74796437-FMP-0  
Laboratory: QML Pathology  
Addressee: DR NATASHA LAURENS Referred by: DR NATASHA LAURENS

Name of Test: FAECAL MULTIPLEX PCR  
Requested: 11/12/2023 Collected: 13/12/2023 Reported: 13/12/2023 23:19

#### FAECAL MULTIPLEX PCR

Parasites  
Entamoeba histolytica DNA Not Detected  
Giardia species DNA Not Detected  
Dientamoeba species DNA Not Detected  
Cryptosporidium species DNA Not Detected  
Blastocystis species DNA **DETECTED**

Bacteria  
Yersinia enterocolitica DNA Not Detected  
Campylobacter species DNA Not Detected  
Shigella species DNA Not Detected  
Salmonella species DNA Not Detected  
Aeromonas species DNA Not Detected

Blastocystis - role in causing diarrhoea is controversial. If symptoms persist after exclusion of other causes, a trial of metronidazole may be indicated.

Clinical Notes : ?parasitic infection since returining from the ...

Tests Completed:FAECAL MULTIPLEX PCR

Tests Pending :FAECES OCP & M/C/S