qml pathology

RCPA The Royal College of Pathologists of Australasia | NATA WORLD RECOGNISED ACCREDITATION | Accredited for compliance with NPAAC Standards and ISO 15189 Accreditation Number: 2184

MEDICARE CARD NUMBER
4295968298/1

PATHOLOGY REQUEST

PATIENT LAST NAME	GIVEN NAMES	SEX	DATE OF BIRTH	FILE No.
McDonald	Kate	F	16/01/1984	00046102

PATIENT ADDRESS
16 Tombarra St
MOOLOOLABA 4557

POSTCODE

TEL (HOME & MOBILE)
0437545291 (M)

TEL (BUS)

TESTS REQUESTED
TFTs

Fasting
Non Fasting
Pregnant
Horm Therapy
LMP ___/___/___
EDC ___/___/___
Cervical Screening
Cervix
Vagina
Self Collect
Post Natal
IUCD
PCB/PMB
Abnormal Bleeding
Cx Suspicious
Previous AIS
Radiotherapy
Immune deficient

CLINICAL NOTES
Subclinical hypothyroidism

Do not send to My Health Record ☐

☐ SELF DETERMINED
☐ STANDARD PRECAUTIONS ☐ PRIVATE & CONFIDENTIAL ☐ CUMULATIVE

URGENT ☐ PHONE ☐ FAX ☐ BY TIME:
PHONE/FAX No:
QML Fee ☐ S.F. ☐ B.B. or D.B. ☑
VET AFFAIRS No:

PERSON DRAWING BLOOD I certify that the blood specimen(s) accompanying this request was drawn from the patient named above. I established the identity of this patient by direct inquiry and/or inspection of wrist band and immediately upon the blood being drawn I labelled the specimen(s). Signature: .....

DOCTOR'S SIGNATURE AND REQUEST DATE
11/06/2024
...../...../.....

COPY REPORTS TO:

HOSPITAL/WARD

REQUESTING DOCTOR (PROVIDER NUMBER, SURNAME, INITIALS, ADDRESS)
Dr Anita Manger
10 Cedar Street
Maleny 4552
Ph: 0754296555 Fax: 0754501200
4921839H

Doct				
Copy 1				
Copy 2				
Copy 3				
Hosp/Ward				

LAB USE

Collect Date	Coll. Time	Test Codes	Branch	Ref. No.	Lab. No.	Description & Containers	Collector
Received Date	Rec. Time	Attachments: Yes / No (please circle) If yes, no. of pages:	B/C	Clinic			

Was or will the patient be, at the time of the service or when the specimen is obtained: (✓ appropriate box)

	yes	
a. a private patient in a private hospital or approved day hospital facility	☐	☐
b. a private patient in a recognised hospital	☐	☐
c. a public patient in a recognised hospital	☐	☐
d. an outpatient of a recognised hospital	☐	☐

PATIENT'S SIGNATURE AND DATE

MEDICARE ASSIGNMENT *(Section 20A of the Health Insurance Act 1973)*

I offer to assign my right to benefits to the approved pathology practitioner who will render the requested pathology service(s) and any eligible pathologist determinable service(s) established as necessary by the practitioner. Alternatively, I authorise that APP to submit my unpaid account to Medicare so that Medicare can assess my claim and issue me a cheque payable to the APP for the Medicare Benefit.

SIGNATURE X ..... X DATE / /

Practitioner's Use Only .....
(Reason patient cannot sign)

LIFT NAME: D.O.B.:

LIFT NAME: D.O.B.:

LIFT NAME: D.O.B.:

4295968298/1

qml pathology

Healius Pathology Pty Ltd (ABN 84 007 190 043) APA No. 000042 t/a QML Pathology
11 Riverview Place, Metroplex on Gateway, Murarrie Qld 4172
T: (07) 3121 4444 (24hr services) qml.com.au

MEDICARE CARD NUMBER

PATIENT LAST NAME	GIVEN NAMES	SEX	DATE OF BIRTH	FILE No.
McDonald	Kate	F	16/01/1984	00046102

PATIENT ADDRESS
16 Tombarra St
MOOLOOLABA 4557

POSTCODE

TEL (HOME & MOBILE)
0437545291 (M)

TEL (BUS)

TESTS REQUESTED
TFTs

Learn about your tests
knowpathology.com.au

REQUESTING DOCTOR (PROVIDER NUMBER, SURNAME, INITIALS, ADDRESS)
Dr Anita Manger
10 Cedar Street
Maleny 4552
Ph: 0754296555 Fax: 0754501200
4921839H

PRIVACY NOTE: The information provided will be used to assess any Medicare benefit payable for the services rendered and to facilitate the proper administration of government health programs, and may be used to update enrolment records. Its collection is authorised by provisions of the *Health Insurance Act 1973*. The information may be disclosed to the Department of Health and Ageing or to a person in the medical practice associated with this claim, or as authorised/required by law.
For important information regarding your privacy and results visit qml.com.au/privacy.

MCDONALD, KATE MAREE
16 TOMBARRA ST, MOOLOOLABA. 4557
Phone: 04 37545291
Birthdate: 16/01/1984 **Sex:** F **Medicare Number:** 42959682981
Your Reference: **Lab Reference:** 24-75385258-25T-0
Laboratory: QML Pathology
Addressee: DR ANITA MANGER **Referred by:** DR ANITA MANGER

Name of Test: E/LFT (MASTER)
Requested: 26/03/2024 **Collected:** 24/05/2024 **Reported:** 24/05/2024 17:32

CUMULATIVE SERUM BIOCHEMISTRY

Date	19/04/22	24/05/24		
Time	14:50	08:15		
Lab No	67479490	75385258		
	RANDOM	FASTING		FASTING
Sodium	134	138	mmol/L	(137-147)
Potass.	4.5	3.8	mmol/L	(3.5-5.0)
Chloride	101	105	mmol/L	(96-109)
Bicarb	24	27	mmol/L	(25-33)
An.Gap	14	10	mmol/L	(4-17)
Gluc	4.9	4.8	mmol/L	(3.0-6.0)
Urea	6.0	7.7	mmol/L	(2.0-7.0)
Creat	66	62	umol/L	(40-110)
eGFR	> 90	> 90	mL/min	(over 59)
Urate	0.20	0.21	mmol/L	(0.14-0.35)
T.Bili	7	10	umol/L	(2-20)
Alk.P	46	79	U/L	(30-115)
GGT	12	14	U/L	(0-45)
ALT	11	24	U/L	(0-45)
AST	16	20	U/L	(0-41)
LD	170	181	U/L	(80-250)
Calcium	2.43	2.31	mmol/L	(2.15-2.60)
Corr.Ca	2.44	2.27	mmol/L	(2.15-2.60)
Phos	1.1	1.1	mmol/L	(0.8-1.5)
T.Prot	68	67	g/L	(60-82)
Alb	42	44	g/L	(35-50)
Glob	26	23	g/L	(20-40)
Chol	5.9	6.0	mmol/L	(3.6-6.7)
Trig	1.6	0.5	mmol/L	(0.3-2.2)
Lab No	67479490	75385258		
Date	19/04/22	24/05/24		

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

MCDONALD, KATE MAREE
16 TOMBARRA ST, MOOLOOLABA. 4557
Phone: 04 37545291
Birthdate: 16/01/1984 **Sex:** F **Medicare Number:** 42959682981
Your Reference: **Lab Reference:** 24-75385258-ISM-0
Laboratory: QML Pathology
Addressee: DR ANITA MANGER **Referred by:** DR ANITA MANGER

Name of Test: MASTER IRON STUDIES
Requested: 26/03/2024 **Collected:** 24/05/2024 **Reported:** 24/05/2024 17:42

CUMULATIVE IRON STUDIES

Date	24/05/24		
Time	08:15		
Lab No	75385258		
Iron	18	umol/L	(10-33)
TIBC	57	umol/L	(45-70)
Saturation	32	%	(16-50)
Ferritin	45	ug/L	(25-290)

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

MCDONALD, KATE MAREE
16 TOMBARRA ST, MOOLOOLABA. 4557
Phone: 04 37545291
Birthdate: 16/01/1984 **Sex:** F **Medicare Number:** 42959682981
Your Reference: **Lab Reference:** 24-75385258-BFM-0
Laboratory: QML Pathology
Addressee: DR ANITA MANGER **Referred by:** DR ANITA MANGER

Name of Test: MASTER VITAMIN B12 FOLATE
Requested: 26/03/2024 **Collected:** 24/05/2024 **Reported:** 24/05/2024 17:44

CUMULATIVE VITAMIN B12 AND FOLATE ASSAYS

Date	24/05/24		
Time	08:15		
Lab No	75385258		
B12 Total	604	pmol/L	(162-811)
S.Fol.	> 54.0	nmol/L	(8.4-55.0)

Comment:
75385258

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.

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.

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

MCDONALD, KATE MAREE
16 TOMBARRA ST, MOOLOOLABA. 4557
Phone: 04 37545291
Birthdate: 16/01/1984 **Sex:** F **Medicare Number:** 42959682981
Your Reference: **Lab Reference:** 24-75385258-CBC-0
Laboratory: QML Pathology
Addressee: DR ANITA MANGER **Referred by:** DR ANITA MANGER

Name of Test: MASTER FULL BLOOD COUNT
Requested: 26/03/2024 **Collected:** 24/05/2024 **Reported:** 24/05/2024 17:55

CUMULATIVE FULL BLOOD EXAMINATION

Date	19/04/22	26/08/22		24/05/24		
Time	14:50	00:00		08:15		
Lab No	67479490	56213108		75385258		
Hb	133	119		124	g/L	(115-160)
RCC	4.4	3.8		4.2	x10 ^12 /L	(3.6-5.2)
Hct	0.40	0.36		0.39		(0.33-0.46)
MCV	92	95		93	fL	(80-98)
MCH	30	32		30	pg	(27-35)
Plats	294	257		209	x10 ^9 /L	(150-450)
WCC	11.1	12.1		6.6	x10 ^9 /L	(4.0-11.0)
Neuts	8.0	9.2	31 %	2.0	x10 ^9 /L	(2.0-7.5)
Lymphs	2.3	2.2	57 %	3.8	x10 ^9 /L	(1.1-4.0)
Monos	0.6	0.5	8 %	0.5	x10 ^9 /L	(0.2-1.0)
Eos	0.11	0.12	3 %	0.20	x10 ^9 /L	(0.04-0.40)
Basos	0.11	0.12	1 %	0.07	x10 ^9 /L	(< 0.21)

75385258 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 **

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

MCDONALD, KATE MAREE
16 TOMBARRA ST, MOOLOOLABA. 4557
Phone: 04 37545291
Birthdate: 16/01/1984 **Sex:** F **Medicare Number:** 42959682981
Your Reference: **Lab Reference:** 24-75385258-THY-0
Laboratory: QML Pathology
Addressee: DR ANITA MANGER **Referred by:** DR ANITA MANGER

Name of Test: THYROID TEST MASTER
Requested: 26/03/2024 **Collected:** 24/05/2024 **Reported:** 24/05/2024 18:52

CUMULATIVE SERUM THYROID FUNCTION TESTS

Date	04/03/21	19/04/22	26/08/22	24/05/24		
Time	16:15	14:50	00:00	08:15		
Lab No	29060848	67479490	56213108	75385258		
TSH	2.7	1.9	3.5	4.9	mIU/L	(0.50-4.00)
free T4	12	14	12	14	pmol/L	(10-20)
free T3	4.0				pmol/L	(2.8-6.8)
Thyroglobulin Ab	42				IU/mL	(< 60)
Thyroglobulin AbII			< 1.3	3.3	IU/mL	(< 4.6)
Thy. Peroxidase Ab	29		36	110	IU/mL	(< 60)

The pattern of a normal free T4 with a mildly elevated TSH is suggestive of subclinical hypothyroidism.
Alternately, this pattern also could be recovery after an intercurrent illness which depleted Thyroxine reserves.

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.

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