

LEE, RACHEAL

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

Patient **WAGHORN, REBECCA**

UR No.

Patient Address **62 COUNTRY RD CANNONVALE QLD 4802**

Sex **F** Age **32 years** DOB **07/03/1992**

Report For **LEE, RACHEAL**

Ref. by/copy to **LEE, RACHEAL**

Requested	20/08/2024	
Collected	20/08/2024	11:18 AM
Reported	02/09/2024	06:55 AM

URINARY IODINE

Creatinine	2.2	mmol/L
Iodine	20	ug/L
Iodine	0.16	umol/L

WHO 2008 guidelines:

Classification of iodine deficiency (Urine iodine ug/L):

> 99	Not iodine deficient
50-99	Mild iodine deficiency
20-49	Moderate iodine deficiency
< 20	Severe iodine deficiency

Levels in excess of 149 ug/L are regarded as adequate in pregnancy.
Levels exceeding 300 ug/L (or above 500 ug/L in pregnancy) may carry a "Risk of adverse health consequences".

Pathology Report

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MTHFR GENOTYPE ANALYSIS

SPECIMEN: Peripheral blood
REASON FOR REFERRAL: Nil stated

RESULTS:
C677T mutation: Homozygous (two mutant alleles detected)
A1298C mutation: NOT Detected

This patient is homozygous for the MTHFR C677T mutation. Studies have shown that this mutation may result in increased plasma homocysteine levels and an increased risk for 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