

MATHEWS, MITCHELL EMILE
9 DE IESO CT, CAMPBELLTOWN. 5074
Phone: 0411704754
Birthdate: 16/01/1972 Sex: M Medicare Number: 51033936091
Your Reference: 00478054 Lab Reference: 24-149-03146#CYT-YA8
Laboratory: SA Pathology
Addressee: DR QI-ZHENG ONG Referred by: DR QI-ZHENG ONG

Name of Test: Cytology: Semen Analysis Infertility
Requested: 31/07/2023 Collected: 28/05/2024 Reported: 29/05/2024
14:02

SA Pathology Referred By: DR QI-ZHENG ONG
Accession: 24-149-03146

Clinical Notes

Cytology

Collected Date	28-May-24		
Collected Time	08:55		
Examination Date	28-MAY-2024	Reference	Units
Examination Time	10:00		
Semen Volume	1.0 [L]	[>=1.5]	mL
Semen Viscosity	Normal		
Sperm Concentration	47	[>=15]	x10^6/mL
Total Sperm/ Ejaculate	47		x10^6
Motile Progressive	37	[>=32]	%
Motile Non- Progressive	20		%
Immotile	44		%
Total Motile Sperm	57		%
Normal Sperm	5	[>=4]	%
Semen Comment	See Below [E1]		

Result Expansion

E1: 28-May-24 08:55 (Semen Comment)
Decreased volume noted otherwise normal ejaculate as defined by the
reference values.

The analysis is performed using methods recommended in the WHO
Laboratory Manual for the Examination and Processing of Human
Semen (Fifth edition). The Lower Reference Limits (LRL) used for
the analysis are published in this manual. As per WHO guidelines,
the percentage of normal forms only is reported.

Please note DNA fragmentation test is not performed at SA Pathology.

All tests on this request have been completed

Unless specified, testing has been performed on serum/plasma, general

Haematology on whole blood.
Legend: C=Critical, H=High, L=Low, A=Abnormal
For enquiries phone 8222 3000

NATA: 2348

MATHEWS, MITCHELL EMILE
9 DE IESO CT, CAMPBELLTOWN. 5074
Phone: 0411704754
Birthdate: 16/01/1972 Sex: M Medicare Number: 51033936091
Your Reference: 00506034 Lab Reference: 24-218-04644#HAE-YC1
Laboratory: SA Pathology
Addressee: DR DENNIS EDI BENEDICT Referred by: DR DENNIS EDI BENEDICT

Name of Test: Haematology: Complete Blood Examination
Requested: 14/06/2024 Collected: 05/08/2024 Reported: 05/08/2024
13:47

SA Pathology Accession No : 24-218-04644
Referred By : DR DENNIS BENEDICT
Report Generated: 05/08/2024 13:47

Clinical Notes
rpt bloods

General Haematology

Collection Date	05-Aug-24		
Collection Time	10:42	Reference	Units
Film Review	No		
Haemoglobin	143	[135-175]	g/L
White Cell Count	8.22	[4.00-11.00]	x10 ⁹ /L
Platelet Count	355	[150-450]	x10 ⁹ /L
Red Cell Count	5.91	[4.50-6.00]	x10 ¹² /L
Haematocrit	0.46	[0.40-0.50]	L/L
* MCV	77.0 L	[80.0-98.0]	fL
* MCH	24.2 L	[27.0-33.0]	pg
MCHC	314	[310-360]	g/L
RDW	13.9	[12.0-15.0]	%
* Mean Platelet Volume	9.20 L	[9.50-13.00]	fL
Neutrophils	5.54	[1.80-7.50]	x10 ⁹ /L
Neutrophils %	67		%
Lymphocytes	1.74	[1.10-3.50]	x10 ⁹ /L
Lymphocytes %	21		%
Monocytes	0.45	[0.20-0.80]	x10 ⁹ /L
Monocytes %	6		%
Eosinophils	0.46	[0.02-0.50]	x10 ⁹ /L
Eosinophils %	6		%
Basophils	0.03	[<=0.10]	x10 ⁹ /L
Basophils %	0		%

This request has other tests in progress at the time of reporting.

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Haematology on whole blood.

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NATA: 2348

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Phone: 0411704754
Birthdate: 16/01/1972 Sex: M Medicare Number: 51033936091
Your Reference: 00506034 Lab Reference: 24-218-04644#IRS-SH2
Laboratory: SA Pathology
Addressee: DR DENNIS EDI BENEDICT Referred by: DR DENNIS EDI BENEDICT

Name of Test: Iron Studies
Requested: 14/06/2024 Collected: 05/08/2024 Reported: 05/08/2024
14:31

SA Pathology Accession No : 24-218-04644
Referred By : DR DENNIS BENEDICT
Report Generated: 05/08/2024 14:31

Clinical Notes
rpt bloods

Iron Studies

Collection Date	05-Aug-24			
Collection Time	10:42		Reference	Units
Fasting	Yes			
Iron	10 [1]		[8-30]	umol/L
* Ferritin	561 H		[30-300]	ug/L
Transferrin	2.11		[2.00-4.00]	g/L
Transferrin Saturation	19		[10-55]	%

[1] Assumed Fasting status

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NATA: 2348

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Phone: 0411704754
Birthdate: 16/01/1972 Sex: M Medicare Number: 51033936091
Your Reference: 00506034 Lab Reference: 24-218-04644#LIS-ST3
Laboratory: SA Pathology
Addressee: DR DENNIS EDI BENEDICT Referred by: DR DENNIS EDI BENEDICT

Name of Test: High Density Lipoprotein Cholesterol, Lipid Studies
Requested: 14/06/2024 Collected: 05/08/2024 Reported: 05/08/2024
14:31

SA Pathology Accession No : 24-218-04644
Referred By : DR DENNIS BENEDICT
Report Generated: 05/08/2024 14:31

Clinical Notes
rpt bloods

Lipid Studies

Collection Date	05-Aug-24		
Collection Time	10:42	Reference	Units
Fasting	Yes		
Cholesterol	4.5	[0.0-5.5]	mmol/L
Triglyceride	1.6	[0.3-2.0]	mmol/L
* HDL Cholesterol	0.7 L	[0.9-2.0]	mmol/L
LDL Cholesterol	3.1	[0.0-3.7]	mmol/L
non-HDL Cholesterol	3.8		mmol/L
* Total Cholesterol/HDL Ratio	6.4 H	[0.0-5.0]	

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NATA: 2348

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Birthdate: 16/01/1972 **Sex:** M **Medicare Number:** 51033936091
Your Reference: 00506034 **Lab Reference:** 24-218-04644#HAE-YC1
Laboratory: SA Pathology
Addressee: DR DENNIS EDI BENEDICT **Referred by:** DR DENNIS EDI BENEDICT

Name of Test: Haematology: Haemoglobin Variants
Requested: 14/06/2024 **Collected:** 05/08/2024 **Reported:** 06/08/2024
 21:53

SA Pathology Accession No : 24-218-04644
 Referred By : DR DENNIS BENEDICT
 Report Generated: 06/08/2024 21:53

Clinical Notes
 rpt bloods

General Haematology

Collection Date	05-Aug-24		
Collection Time	10:42	Reference	Units
Film Review	No		
Haemoglobin	143	[135-175]	g/L
White Cell Count	8.22	[4.00-11.00]	x10 ⁹ /L
Platelet Count	355	[150-450]	x10 ⁹ /L
Red Cell Count	5.91	[4.50-6.00]	x10 ¹² /L
Haematocrit	0.46	[0.40-0.50]	L/L
* MCV	77.0 L	[80.0-98.0]	fL
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Neutrophils %	67		%
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Lymphocytes %	21		%
Monocytes	0.45	[0.20-0.80]	x10 ⁹ /L
Monocytes %	6		%
Eosinophils	0.46	[0.02-0.50]	x10 ⁹ /L
Eosinophils %	6		%
Basophils	0.03	[<=0.10]	x10 ⁹ /L
Basophils %	0		%
Hb A2	2.5	[1] [1.8-3.2]	%
Hb Variant Comment	See Note	[2]	

- [1] Note: due to a change in haemoglobin separation methodology, to capillary electrophoresis, there is a corresponding change to the reference interval for HbA2, (previously by HPLC, 1.8 3.4%).
- [2] No evidence of haemoglobin variant detected by capillary electrophoresis analysis. A microcytic, hypochromic blood picture in the presence of normal iron stores and a normal HbA2 level is usually suggestive of alpha thalassaemia trait. Rare beta thalassaemia traits can also show similar features. Generally, these conditions are of no clinical significance to the individual and would require DNA analysis for confirmation.

For patients who are pregnant or planning pregnancy, partner testing (i.e.

CBE, Hb variant analysis and iron studies) would also be recommended. This would help determine whether the couple is at risk of having a child with a significant thalassaemia syndrome.

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