# **Pathology Report**

8 Nov 2024

### SUBHIKSHA SENTHILVEL

DoB 29 Dec 2000 (23 years\*)

SEX Female

IHI 8003

6010 6561 6976 MRN 001428325

#### **Start of Document**

### Capital Pathology

DR PAUL WHITING (Pathologist) **Author** 



### **Pathology**

| Report DateTime       | Report<br>Name       | Reporting<br>Pathologist                     | Report Status  |
|-----------------------|----------------------|--|--|
| 8 Nov 2024 15:19+1100 | THYROID<br>FUNCTION. | DR PAUL<br>WHITING<br>(Capital<br>Pathology) | Final results; results stored and verified. Can only be changed with a corrected result. |

### **Pathology Test Result**

Reporting Pathologist: DR PAUL WHITING

Pathology Test Result

| Collection Date       | Observation Date      | Test<br>Result<br>Name | Diagnostic<br>Service | c Status   |
|-----------------------|-----------------------|------------------------|-----------------------|--|
| 8 Nov 2024 08:58+1100 | 8 Nov 2024 08:58+1100 | THYROID<br>FUNCTION    | •                     | Final results; results stored and verified. Can only be changed with a corrected result. |

### **Administrative Observations**

Value

Request Creation Date 1 Nov 2024 00:00+1100

This section contains no entries.

**Requester Details** 

| Administrative Details |                          |                         |                         |  |  |  |
|------------------------|--------------------------|-------------------------|-------------------------|--|--|--|
|                        |                          |                         |                         |  |  |  |
| <b>Patient Details</b> | Value                    | <b>Author Details</b>   | Value                   |  |  |  |
| Name                   | SUBHIKSHA SENTHILVEL     | Name                    | DR PAUL WHITING         |  |  |  |
| Sex                    | Female                   |                         | (Pathologist)           |  |  |  |
| Indigenous Status      | Not stated/inadequately  | Organisation            | Capital Pathology       |  |  |  |
|                        | described                | Address                 | Not Provided            |  |  |  |
| Date of Birth          | 29 Dec 2000 (23 years)   | <b>Contact Details</b>  | Not Provided            |  |  |  |
|                        | * Age is calculated from |                         |                         |  |  |  |
|                        | DoB                      | Clinical Document       | Value                   |  |  |  |
| IHI                    | 8003 6010 6561 6976      | Details                 |                         |  |  |  |
| Entitlements           | 3354933027 (Medicare     | Document Type           | Pathology Report        |  |  |  |
|                        | Benefits)                | Creation Date           | 8 Nov 2024 15:19+1100   |  |  |  |
| Local Identifiers      | 001428325 (Capital       | <b>Date Attested</b>    | 8 Nov 2024 15:19+1100   |  |  |  |
|                        | Pathology)               | Document ID             | 202168155 (HIPS Capital |  |  |  |
|                        |                          |                         | Pathology Doc)          |  |  |  |
|                        |                          | <b>Document Set ID</b>  | 202527186 (HIPS Capital |  |  |  |
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|                        |                          | <b>Document Version</b> | 1                       |  |  |  |
|                        |                          | <b>Completion Code</b>  | Final                   |  |  |  |
|                        |                          |                         |                         |  |  |  |
|                        |                          |                         |                         |  |  |  |

Name SRINIVAS VURE
Address Not Provided
Contact Details Not Provided

### End of Document



## SUBHIKSHA SENTHILVEL

Lab ID 944425141

Your ref. 7669

DOB 29/12/2000 (23 Yrs FEMALE)

Referrer Dr Srinivas Vure

Phone 0262556000

Clinical Notes CHECK, for PCOS

Address MY GP GUNGAHLIN SHOP 113 43 HIBBERSON STREET

GUNGAHLIN ACT 2912

Address 19 TREWENACK STREET

TAYLOR ACT 2913

Phone 0420627773

Copy to

Requested 01/11/2024

Collected 08/11/2024 08:58

Received 08/11/2024 09:01

#### THYROID FUNCTION TESTS

| Test Name | Result | Units | Reference Interval | Comment |
|-----------|--------|-------|--------------------|---------|
| TSH       | 2.0    | mIU/L | 0.40 - 3.5         |         |

In the absence of any relevant history, free T4 and / or free T3 testing is unlikely to be useful when the TSH value lies within the normal range.

If this patient has a clinical history that warrants free T4 and / or free T3 testing, please contact the laboratory within 7 days to organise testing.

For further specialist advice, referring practitioners may call the Clinical Pathologist on 02  $6285\,9803.$ 

CA

NATA ACCREDITATION NO 3448

08-11-2024 15:19

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