

DOREVITCH PATHOLOGY - Reference No: 23-47179339 Status: F

Patient: Maddison RUWOLDT                      Linked by: Dr. Marnee Blundell  
DOB: 22/09/1993                                      Message: **Task to nurse**  
Address: 305 Kewell Road Kewell 3390  
Ordered by: Lynn Burmeister on 22/05/2023  
Collected: 22/05/2023 - 12:00 PM              Notified by: on 00/00/0000  
Reported: 29/05/2023                              Message:

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COELIAC DISEASE GENOTYPING RESULTS

SPECIMEN:  
Blood

HLA-DQ2.5 alleles

HLA-DQA1\*05:01 = **Heterozygous** (NG\_032876.1:g.5702C>T)  
HLA-DQB1\*02:01 = **Heterozygous**

HLA-DQ2.2 alleles

HLA-DQA1\*02:01 = Not Detected  
HLA-DQB1\*02:02 = Not Detected

HLA-DQ7 alleles

HLA-DQA1\*05:05 = Not Detected  
HLA-DQB1\*03:01 = Not Detected

HLA-DQ8 alleles

HLA-DQA1\*03:01 = Not Detected  
HLA-DQB1\*03:02 = Not Detected

INTERPRETATION:

This patient has inherited one of the following HLA DQ risk types:  
HLA DQ2.5 heterozygote. Individuals with DQ2.5 and a single copy of  
DQB1\*02 have a high CD predisposition risk.

Please note that an at-risk HLA genotype is not diagnostic of Coeliac  
Disease, as only 3-4% of individuals with an at-risk genotype will  
develop Coeliac Disease. Rare exceptions to these HLA associations  
have been occasionally observed.

METHOD:

This assay is performed using the Lifecodes HLA-DQA1/DQB1 Typing Kit  
to PCR amplify patient DNA. A panel of sequence specific  
oligonucleotides coupled to a fluorescent multiplex bead immunoassay  
(Luminex) is then used to identify HLA alleles associated with  
Coeliac Disease.

NOTES:

All test results should be interpreted in conjunction with clinical  
findings and other test results. If not already performed, suggest CD  
serology testing, which can be repeated every 2-3 years if negative.

Dr Kym Mina MBBS PhD FRCPA

Clinical Director, Genomic Diagnostics

Requested Tests : ANA, TBM, HOC, HGE, FBE, ENA, DNA, COA, CLL, ANS, 52M

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DOREVITCH PATHOLOGY - Reference No: 23-47179339 Status: F

Patient: Maddison RUWOLDT                      Linked by: Dr. Marnee Blundell  
DOB: 22/09/1993                                      Message: **Normal**  
Address: 305 Kewell Road Kewell 3390  
Ordered by: Lynn Burmeister on 22/05/2023  
Collected: 22/05/2023 - 12:00 PM              Notified by: on 00/00/0000

Reported: 26/05/2023

Message:

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THROMBOPHILIA GENE SCREEN

Specimen type:  
Blood

Test Description:

A multiplexed PCR assay that detects both the Factor V Leiden and Prothrombin G20210A mutations. Note: the charge raised for testing two mutations is the same as for testing only one.

Result:

Factor V Leiden Mutation: Not Detected  
Prothrombin G20210A Mutation: Not Detected

Comments:

Dr Kym Mina MBBS PhD FRCPA

Clinical Director, Genomic Diagnostics

Requested Tests : ANA, TBM, HOC, HGE, FBE, ENA, DNA, COA, CLL\*, ANS, 52M

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DOREVITCH PATHOLOGY - Reference No: 23-47179339 Status: F

<b>Patient:</b>	Maddison RUWOLDT	<b>Linked by:</b>	Dr. Marnee Blundell
<b>DOB:</b>	22/09/1993	<b>Message:</b>	<b>Task to nurse</b>
<b>Address:</b>	305 Kewell Road Kewell 3390		
<b>Ordered by:</b>	Lynn Burmeister on 22/05/2023		
<b>Collected:</b>	22/05/2023 - 12:00 PM	<b>Notified by:</b>	on 00/00/0000
<b>Reported:</b>	26/05/2023	<b>Message:</b>	

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METHYLENETETRAHYDROFOLATE REDUCTASE (MTHFR) GENOTYPING

Specimen:  
Blood

Result:

MTHFR C677T Mutation: DETECTED HETEROZYGOUS  
MTHFR A1298C Mutation: Not Detected

Comments:

Hyperhomocysteinaemia is a risk factor for atherosclerotic arterial disease and venous thromboembolism. It is a multifactorial condition with genetic and environmental factors involved; the latter include vitamin deficiencies (B6, B12, folic acid).

Methylene tetrahydrofolate reductase (MTHFR) is an important enzyme in homocysteine metabolism for which homozygotes for the mutation C677T (Ala>Val) in MTHFR typically have elevated plasma homocysteine when folate deplete, although normal when folate replete.

Homocysteine levels in heterozygotes for the C677T mutation are indistinguishable from the normal population.

The evidence for any effect of MTHFR polymorphism is not conclusive, and testing for these genetic variants has minimal clinical utility.

Current American College of Medical Genetics and Genomics guidelines (Hickey S.E et al, Genet Med 2013: 15 (2): 153-156) recommend that MTHFR polymorphisms genotyping should not be ordered in clinical evaluation of thrombophilia, recurrent pregnancy loss or in other family members.

Dr Kym Mina MBBS PhD FRCPA

Clinical Director, Genomic Diagnostics

Requested Tests : ANA, TBM, HOC, HGE, FBE, ENA, DNA, COA, CLL\*, ANS, 52M\*

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**DOREVITCH PATHOLOGY** - Reference No: 23-47179339 Status: F

<b>Patient:</b>	Maddison RUWOLDT	<b>Linked by:</b>	Dr Elissa Heineke
<b>DOB:</b>	22/09/1993	<b>Message:</b>	<b>Normal</b>
<b>Address:</b>	305 Kewell Road Kewell 3390		
<b>Ordered by:</b>	Lynn Burmeister on 22/05/2023		
<b>Collected:</b>	22/05/2023 - 12:00 PM	<b>Notified by:</b>	on 00/00/0000
<b>Reported:</b>	24/05/2023	<b>Message:</b>	

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AUTOANTIBODIES : EXTRACTABLE NUCLEAR ANTIGENS (SERUM)

ELISA Test: Negative

Anti (U1) RNP : Negative  
Anti Sm : Negative  
Anti SSA (Ro) : Negative  
Anti Ro52 : Negative  
Anti SSB (La) : Negative  
Anti Scl 70 : Negative  
Anti PMScl : Negative  
Anti Jol : Negative  
Anti PCNA : Negative  
Anti Ribosomal-P : Negative

Patients are advised to contact their doctor to discuss the clinical significance of these results. For clinicians who require further interpretation or have queries about the above result(s) please contact the immunopathologist on (03) 9244 0347.

Requested Tests : ANA, TBM, HOC, HGE\*, FBE, ENA, DNA, COA, CLL\*, ANS, 52M\*

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**DOREVITCH PATHOLOGY** - Reference No: 23-47179339 Status: F

<b>Patient:</b>	Maddison RUWOLDT	<b>Linked by:</b>	Dr Elissa Heineke
<b>DOB:</b>	22/09/1993	<b>Message:</b>	<b>Normal</b>
<b>Address:</b>	305 Kewell Road Kewell 3390		
<b>Ordered by:</b>	Lynn Burmeister on 22/05/2023		
<b>Collected:</b>	22/05/2023 - 12:00 PM	<b>Notified by:</b>	on 00/00/0000
<b>Reported:</b>	23/05/2023	<b>Message:</b>	

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IMMUNOLOGY (SERUM)  
CARDIOLIPIN ANTIBODIES

Cardiolipin IgG (Bioplex):	Negative	< 1.6 GLP-U/mL (Normal <20)
Cardiolipin IgM (Bioplex):	Negative	< 1.5 MPL-U/mL (Normal <20)
B2GPI IgG (Bioplex):	Negative	< 1.4 U/mL (Normal <20)

A small proportion of patients with antiphospholipid syndrome do not have detectable IgG/IgM anticardiolipin antibodies. Correlation with lupus anticoagulant testing is advised.

Patients are advised to contact their doctor to discuss the clinical significance of these results. For clinicians who require further interpretation or have queries about the above result(s) please contact the immunopathologist on (03) 9244 0347.

Note cardiolipin IgG and IgM antibody method change to Biorad Bioplex, effective 03/09/2018. Results will not be directly comparable to previous

results. Please contact the laboratory if further information required.

Requested Tests : ANA, TBM, HOC, HGE\*, FBE, ENA\*, DNA, COA, CLL\*, ANS, 52M\*

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DOREVITCH PATHOLOGY - Reference No: 23-47179339 Status: F

**Patient:** Maddison RUWOLDT **Linked by:** Dr Elissa Heineke  
**DOB:** 22/09/1993 **Message:** **Normal**  
**Address:** 305 Kewell Road Kewell 3390  
**Ordered by:** Lynn Burmeister on 22/05/2023  
**Collected:** 22/05/2023 - 12:00 PM **Notified by:** on 00/00/0000  
**Reported:** 23/05/2023 **Message:**

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**Anti-dsDNA Serology (SERUM)**

Anti-DNA (ds DNA) by IBL FARR RIA: 1 IU/mL (normal < 7 IU/mL)

DsDNA is being performed on the IBL Farr assay. Patients with a previously low positive Trinity Farr dsDNA or those on immunosuppressive therapy may have a lower/negative IBL Farr result.

Patients are advised to contact their doctor to discuss the clinical significance of these results. For clinicians who require further interpretation or have queries about the above result(s) please contact the immunopathologist on (03) 9244 0347.

Requested Tests : ANA, TBM, HOC, HGE\*, FBE, ENA\*, DNA, COA, CLL\*, ANS\*, 52M\*

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DOREVITCH PATHOLOGY - Reference No: 23-47179339 Status: F

**Patient:** Maddison RUWOLDT **Linked by:** Dr Elissa Heineke  
**DOB:** 22/09/1993 **Message:** **Normal**  
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**Collected:** 22/05/2023 - 12:00 PM **Notified by:** on 00/00/0000  
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**THROMBOPHILIA SCREEN (Plasma)**

			Ref.Range
Protein C	:	105 %	(70-140)
Free Protein S	:	114 %	(50-135)
Act. PCR	:	5.7	(> 3.0)
Antithrombin	:	111 %	(80-120)

**LUPUS ANTICOAGULANT TEST (Plasma)**

			Ref.Range
Prothrombin Time	:	11.0 secs	(10.0-14.0)
APTT	:	28 secs	(24-34)
LA Screen Ratio	:	1.0	(< 1.2)

Comment: Protein C, S, AT and APCR within normal limits.

Lupus Anticoagulant: NOT detected.

Please note the Reference Range for APTT has been changed as of 11/05/2020

Requested Tests : ANA, TBM, HOC, HGE\*, FBE, ENA\*, DNA\*, COA, CLL\*, ANS\*, 52M\*

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Collected: 22/05/2023 - 12:00 PM Notified by: on 00/00/0000  
Reported: 23/05/2023 Message:

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ANTINUCLEAR ANTIBODIES (SERUM)

ANA (HEp-2 Cells) : Negative

Please note method change to AESKU Hep-2 substrate, effective (01/12/15). This substrate does not allow for the differentiation of SSA(Ro) antibodies. Testing for ENA antibodies is advised if Sjogren's Syndrome is suspected.

Patients are advised to contact their doctor to discuss the clinical significance of these results. For clinicians who require further interpretation or have queries about the above result(s) please contact the immunopathologist on (03) 9244 0347.

Requested Tests : ANA, TBM\*, HOC, HGE\*, FBE, ENA\*, DNA\*, COA, CLL\*, ANS\*, 52M\*

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DOREVITCH PATHOLOGY - Reference No: 23-47179339 Status: F

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Reported: 23/05/2023 Message:

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PLASMA HOMOCYSTEINE

Ref.Range

Plasma Homocysteine : 10.4 umol/L (3.7-13.9)

Method: Siemens Immunoassay

Requested Tests : ANA\*, TBM\*, HOC, HGE\*, FBE, ENA\*, DNA\*, COA, CLL\*, ANS\*, 52M\*

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Address: 305 Kewell Road Kewell 3390  
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Collected: 22/05/2023 - 12:00 PM Notified by: on 00/00/0000  
Reported: 22/05/2023 Message:

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COAGULATION PROFILE (PLASMA)

Platelet (EDTA): 391 x10<sup>9</sup> /L (150-450)

APTT : 27 secs (24-34)  
Prothrombin Ratio (INR) : 1.0 (< 1.3)  
Fibrinogen : 2.9 g/L (1.5-4.0)  
TCT : 16 secs (12-22)

Requested Tests : ANA\*, TBM\*, HOC\*, HGE\*, FBE, ENA\*, DNA\*, COA, CLL\*, ANS\*, 52M\*

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Address: 305 Kewell Road Kewell 3390  
Ordered by: Lynn Burmeister on 22/05/2023  
Collected: 22/05/2023 - 12:00 PM Notified by: on 00/00/0000  
Reported: 22/05/2023 Message:

FULL BLOOD EXAMINATION

HB : 138 g/L (115-165)	WHITE CELL COUNT: 5.9 (4.0-11.0) ( $\times 10^9$ /L)
PCV: 0.42 L/L (0.37-0.47)	Neutrophils: 59% 3.5 (2.0-8.0)
RCC: 4.52 $\times 10^{12}$ /L (3.80-5.80)	Lymphocytes: 27% 1.6 (1.0-4.0)
MCV: 93 fL (80-96)	Monocytes : 8% 0.5 (0.0-1.0)
MCH: 31 pg (27-32)	Eosinophils: 5% 0.3 (0.0-0.5)
MCHC 329 g/L (320-360)	Basophils : 1% 0.1 (0.0-0.2)
RDW: 12.1 % (11.0-16.0)	

PLATELETS : 391 (150-450)

COMMENT: Red cells, white cells and platelets are within normal limits.

Requested Tests : ANA\*, TBM\*, HOC\*, HGE\*, FBE, ENA\*, DNA\*, COA\*, CLL\*, ANS\*, 52M\*

AUSTRALIAN CLINICAL LABS - Reference No: 23-78070418-MBI-0 Status: F

Patient: Maddison RUWOLDT Linked by: Dr. Marnee Blundell  
DOB: 22/09/1993 Message: **Acceptable/no action required**  
Address: 305 Kewell Road Kewell 3390  
Ordered by: Dr Lynn Burmeister on 16/03/2023  
Copy to: Dr (Do Not Post) Copy Dr Pending  
Collected: 28/03/2023 - 12:15 PM Notified by: on 00/00/0000  
Reported: 29/03/2023 Message:

CLINICAL NOTES:

GENERAL CHEMISTRY

SPECIMEN: SERUM

Date:	28/03/23	14/03/23	12/04/21
Coll. Time:	12:15	16:51	09:00
Lab Number:	78070418	74141897	49497856

Sodium	138	142	(135 - 145)	mmol/L
Potassium	4.1	4.5	(3.5 - 5.2)	mmol/L
Chloride	101	106	(95 - 110)	mmol/L
Bicarbonate	* 34	29	(22 - 32)	mmol/L
Anion Gap	* 7	12	(9 - 19)	mmol/L
Urea	6.1	5.6	(3.0 - 7.0)	mmol/L

Creatinine		76		79	(45 - 90)	umol/L
eGFR		> 90		88	(> 59)	mL/min/1.73m2
Calcium			*	<b>2.64</b>	(2.10 - 2.60)	mmol/L
Adj. Ca.				2.50	(2.10 - 2.60)	mmol/L
Magnesium				0.89	(0.70 - 1.10)	mmol/L
Phosphate				1.13	(0.75 - 1.50)	mmol/L
T.Protein	68	70		79	(60 - 82)	g/L
Albumin	44	41		49	(35 - 50)	g/L
Globulin	24	29		30	(23 - 39)	g/L
ALP	41	48		49	(30 - 120)	U/L
Bilirubin	13	6		15	(< 25)	umol/L
GGT	16	27		11	(< 51)	U/L
AST	33	*	<b>88</b>	23	(< 41)	U/L
ALT	*	<b>61</b>	**	<b>151</b>	13	(< 41)

\$GLCOMM

78070418 Specialist management noted.

LFT-C

All tests on this request have now been completed

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**AUSTRALIAN CLINICAL LABS** - Reference No: 23-74141897-MBI-0      Status: F

**Patient:** Maddison RUWOLDT      **Linked by:** Dr. Marnee Blundell

**DOB:** 22/09/1993      **Message:** **Task to nurse**

**Address:** 305 Kewell Road Kewell 3390

**Ordered by:** Dr Lynn Burmeister on 14/03/2023

**Collected:** 14/03/2023 - 4:51 PM      **Notified by:** on 00/00/0000

**Reported:** 14/03/2023      **Message:**

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**CLINICAL NOTES:** Fertility Treatment

GENERAL CHEMISTRY

**SPECIMEN: SERUM**

Date:	<b>14/03/23</b>	12/04/21	30/07/20
Coll. Time:	16:51	09:00	15:25
Lab Number:	74141897	49497856	42962427

Sodium	138	142	140	(135 - 145)	mmol/L
Potassium	4.1	4.5	3.8	(3.5 - 5.2)	mmol/L
Chloride	101	106	103	(95 - 110)	mmol/L
Bicarbonate	*	<b>34</b>	29	30	(22 - 32) mmol/L
Urea	6.1	5.6	3.2	(3.0 - 7.0)	mmol/L
Creatinine	76	79	80	(45 - 90)	umol/L
eGFR	> 90	88	86	(> 59)	mL/min/1.73m2
Calcium		*	<b>2.64</b>	2.49	(2.10 - 2.60) mmol/L
Adj. Ca.		2.50	2.33	(2.10 - 2.60)	mmol/L
Magnesium		0.89	0.77	(0.70 - 1.10)	mmol/L
Phosphate		1.13	1.08	(0.75 - 1.50)	mmol/L
T.Protein	70	79	79	(60 - 82)	g/L
Albumin	41	49	*	<b>51</b>	(35 - 50) g/L
Globulin	29	30		28	(23 - 39) g/L
ALP	48	49		42	(30 - 120) U/L
Bilirubin	6	15	*	<b>25</b>	(< 25) umol/L
GGT	27	11		7	(< 51) U/L
AST	*	<b>88</b>	23	20	(< 41) U/L
ALT	**	<b>151</b>	13	14	(< 41) U/L

\$GLCOMM

74141897 Specialist management noted.

CRP-C QUA-C FBE-C ECU-C LFT-C

All tests on this request have now been completed

**AUSTRALIAN CLINICAL LABS** - Reference No: 23-74141897-QUA-0      Status: F  
**Patient:** Maddison RUWOLDT      **Linked by:** Dr. Marnee Blundell  
**DOB:** 22/09/1993      **Message:** **Normal**  
**Address:** 305 Kewell Road Kewell 3390  
**Ordered by:** Dr Lynn Burmeister on 14/03/2023  
**Collected:** 14/03/2023 - 4:51 PM      **Notified by:** on 00/00/0000  
**Reported:** 14/03/2023      **Message:**

**CLINICAL NOTES:** Fertility Treatment

ENDOCRINOLOGY

HUMAN CHORIONIC GONADOTROPIN (HCG)			SPECIMEN: SERUM/PLASMA		
Date	Time	Lab No.	HCG	Units	Ref. Range
14/03/23	16:51	74141897	< 2	IU/L	See below
18/08/22	07:58	66307083	< 2		

HCG testing is performed on a Siemens Dimension.

**EXPECTED RESULTS RANGE AND INTERPRETATION:**

HCG (IU/L)	Interpretation	Notes
<5	Negative	Early pregnancy of less than 1 week may give a negative response and retesting in 2 - 3 days time may be appropriate if clinically indicated.
5 - 25	Equivocal	Suggest repeat test in 2 -3 days.
>25	Positive	Consistent with pregnancy.

Gestational Age	Expected HCG (IU/L)
2-3 weeks	5-50
3-4 weeks	50-500
4-5 weeks	100-5000
5-6 weeks	500-10000
6-7 weeks	1000-50000
7-8 weeks	10000-100000
8-10 weeks	15000-200000
10-14 weeks	10000-100000

NOTE: There is a large inter-individual in maternal serum concentrations of hCG in early pregnancy. These values are for guidance only. Gestational ages can be calculated from the date of the last menstrual cycle or be determined by sonography.

ALSO PLEASE NOTE THIS ASSAY HAS NOT BEEN VALIDATED FOR USE OUTSIDE THE ASSESSMENT OF PREGNANCY STATUS.

CRP-C QUA-C FBE-C ECU-W LFT-W

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



AUSTRALIAN CLINICAL LABS - Reference No: 23-74141897-CRP-0      Status: F

Patient: Maddison RUWOLDT      Linked by: Dr. Marnee Blundell

DOB: 22/09/1993      Message: **Normal**

Address: 305 Kewell Road Kewell 3390

Ordered by: Dr Lynn Burmeister on 14/03/2023

Collected: 14/03/2023 - 4:51 PM      Notified by: on 00/00/0000

Reported: 14/03/2023      Message:

CLINICAL NOTES: Fertility Treatment

BIOCHEMISTRY

C REACTIVE PROTEIN (CRP)      SPECIMEN: SERUM

Date	Time	Lab No.	CRP	Units	Ref. Range
14/03/23	16:51	74141897	1.6	mg/L	(< 3.0)
12/04/21	09:00	49497856	< 0.7		
30/07/20	15:25	42962427	< 0.7		

In the setting of infection, CRP levels >100 mg/L are supportive of bacterial rather than viral aetiology.

Note results from this CRP assay should not be used for cardiac risk assessment. Please request the high sensitivity assay (hsCRP) instead.

CRP-C QUA-C FBE-C ECU-W LFT-W

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

AUSTRALIAN CLINICAL LABS - Reference No: 23-74141897-HAE-0      Status: F

Patient: Maddison RUWOLDT      Linked by: Dr. Marnee Blundell

DOB: 22/09/1993      Message: **Normal**

Address: 305 Kewell Road Kewell 3390

Ordered by: Dr Lynn Burmeister on 14/03/2023

Collected: 14/03/2023 - 4:51 PM      Notified by: on 00/00/0000

Reported: 14/03/2023      Message:

CLINICAL NOTES: Fertility Treatment

HAEMATOLOGY

SPECIMEN: WHOLE BLOOD

Date:	14/03/23	02/11/22	08/03/22	(#Refers to current
Coll. Time:	16:51	08:15	13:41	result only)
Lab Number:	#74141897	66941735	63184858	
HAEMOGLOBIN	141	146	141	(115 - 165) g/L
RBC	4.52	4.86	4.87	(3.80 - 5.50)x10 ^12 /L
HCT	0.43	0.44	0.44	(0.35 - 0.47)
MCV	95	91	90	(80 - 99) fL
MCH	31.2	30.0	29.0	(27.0 - 34.0)pg
MCHC	328	330	322	(310 - 360) g/L
RDW	13.1	12.3	12.7	(11.0 - 15.0)%
WCC	5.7	6.2	7.9	(4.0 - 11.0) x10 ^9 /L
Neutrophils	3.1	3.5	5.1	(2.0 - 8.0) x10 ^9 /L
Lymphocytes	1.4	1.4	1.7	(1.0 - 4.0) x10 ^9 /L
Monocytes	0.7	0.7	0.6	(< 1.1) x10 ^9 /L
Eosinophils	0.5	0.5	0.5	(< 0.7) x10 ^9 /L
Basophils	0.0	< 0.1	< 0.1	(< 0.3) x10 ^9 /L
PLATELETS	286	328	305	(150 - 450) x10 ^9 /L

#74141897 : The red cell, white cell and platelet parameters are within

normal limits.

CRP-W QUA-W FBE-C ECU-W LFT-W

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

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**DOREVITCH PATHOLOGY** - Reference No: 23-45166489      Status: F

**Patient:** Maddison RUWOLDT      **Linked by:** Dr Elissa Heineke  
**DOB:** 22/09/1993      **Message:** **Normal**  
**Address:** 305 Kewell Road Kewell 3390  
**Ordered by:** Lynn Burmeister on 11/02/2023  
**Collected:** 13/02/2023 - 2:30 PM      **Notified by:** on 00/00/0000  
**Reported:** 14/02/2023      **Message:**

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QUANTITATIVE HUMAN CHORIONIC GONADOTROPHIN

Serum HCG :                      3 IU/L                      (Ref.Range <5)

\$dels	POST LMP	RANGE
	< 3 weeks	5 - 50
3 -	4 weeks	50 - 500
4 -	5 weeks	100 - 5000
5 -	6 weeks	500 - 10000
6 -	7 weeks	1000 - 50000
7 -	8 weeks	10000 - 100000
8 -	10 weeks	15000 - 200000
10 -	14 weeks	10000 - 100000

Method: Siemens Immunoassay

Requested Tests : HCG

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**DOREVITCH PATHOLOGY** - Reference No: 23-45166436      Status: F

**Patient:** Maddison RUWOLDT      **Linked by:** Dr Elissa Heineke  
**DOB:** 22/09/1993      **Message:** **Normal**  
**Address:** 305 Kewell Road Kewell 3390  
**Ordered by:** Lynn Burmeister on 27/01/2023  
**Collected:** 10/02/2023 - 8:20 AM      **Notified by:** on 00/00/0000  
**Reported:** 11/02/2023      **Message:**

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SERUM HORMONES

	FSH	LH	E2	PROG
	IU/L	IU/L	pmol/L	nmol/L
Lab.No    Date				
45166436 10/02/23				27.3

REFERENCE INTERVALS

Follicular	1-6	1-10	70-530	1.0-7.0
Mid cycle	5-20	15-100	235-1300	1.0-7.0
Luteal	1-12	1-20	205-790	5.0-95
Pregnant (1st Trim.)	1-6	1-10	230-910	20-130
Post menopausal	>20	>20	0-120	<1.5

Method: Siemens Immunoassay

Requested Tests : HCG, FHP

---

DOREVITCH PATHOLOGY - Reference No: 23-45166436 Status: F

Patient: Maddison RUWOLDT Linked by: Dr Elissa Heineke  
DOB: 22/09/1993 Message: **Normal**  
Address: 305 Kewell Road Kewell 3390  
Ordered by: Lynn Burmeister on 27/01/2023  
Collected: 10/02/2023 - 8:20 AM Notified by: on 00/00/0000  
Reported: 11/02/2023 Message:

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QUANTITATIVE HUMAN CHORIONIC GONADOTROPHIN

Serum HCG : 4 IU/L (Ref.Range <5)

\$dels	POST LMP	RANGE
	< 3 weeks	5 - 50
3 -	4 weeks	50 - 500
4 -	5 weeks	100 - 5000
5 -	6 weeks	500 - 10000
6 -	7 weeks	1000 - 50000
7 -	8 weeks	10000 - 100000
8 -	10 weeks	15000 - 200000
10 -	14 weeks	10000 - 100000

Method: Siemens Immunoassay

Requested Tests : HCG, FHP\*

---

MELBOURNE PATHOLOGY - Reference No: 388927063 Status: F

Patient: Maddison RUWOLDT Linked by: Dr Elissa Heineke  
DOB: 22/09/1993 Message: **Normal**  
Address: 305 Kewell Road Kewell 3390  
Ordered by: Dr Lynn Burmeister on 11/01/2023  
Collected: 19/01/2023 - 9:26 AM Notified by: on 00/00/0000  
Reported: 24/01/2023 Message:

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HTLV Antibodies

Date	19/01/23		
Time	0926		
Lab Id.	388927063	Units	Reference

HTLV I/II **Negative**

Comments on Collection 19/01/23 0926:  
HTLV I/II antibodies not detected.

High dose biotin taken prior to blood collection may interfere with these tests. If biotin interference needs to be excluded, please phone our Medical Microbiologist on 92877700 for advice.

Pathologists: Drs L Waring, C Perera, G Robertson

Melbourne Pathology NATA No.: 2133

Tests Completed: HTLV I/II Ab  
Tests Pending :  
Sample Pending :

---

**ANATPATH** - Reference No: 22B45678      Status: F

<b>Patient:</b>	Maddison RUWOLDT	<b>Linked by:</b>	Dr. Marnee Blundell
<b>DOB:</b>	22/09/1993	<b>Message:</b>	see eIVF task
<b>Address:</b>	305 Kewell Road Kewell 3390		
<b>Ordered by:</b>	Dr E Heineke on 20/12/2022		
<b>Collected:</b>	20/12/2022 - 9:22 PM	<b>Notified by:</b>	on 00/00/0000
<b>Reported:</b>	20/12/2022	<b>Message:</b>	

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Text

HISTOPATHOLOGY REPORT

CLINICAL NOTES

Endometrial biopsy for histology and NK cells.

MACROSCOPIC DESCRIPTION

Labelled with patient details only - a small amount of haemorrhagic tissue 30mm x 25mm x 2mm in aggregate dimension. A1. (SW/jo/nt)

MICROSCOPIC DESCRIPTION

The biopsy includes endometrium with proliferative glands separated by abundant stroma. There is no evidence of chronic endometritis, endometrial hyperplasia or malignancy. Immunoperoxidase staining for CD56, a marker of natural killer cells, shows large numbers of stromal cells with positive staining at a rate of the order of 25 cells per high power field.

DIAGNOSIS

ENDOMETRIAL BIOPSY - PROLIFERATIVE ENDOMETRIUM. NATURAL KILLER CELLS ARE DEMONSTRATED AT A RATE OF THE ORDER OF 25 CELLS PER HIGH POWER FIELD.

Dr Maxine Scelwyn

Copies To:

Request No:

Patient:

22B45678

RUWOLDT, Maddison

305 Kewell Rd

Kewell VIC 3390

Request Date:

20/12/2022

Received Date:

20/12/2022

Reported Date:

UR:

61550  
D.O.B 22/09/1993      Age: 29.3 yrs      Gender: F

Patient phone #    Ph: 0407041099

---

**AUSTRALIAN CLINICAL LABS** - Reference No: 22-73525048-FXS-0      Status: F

<b>Patient:</b>	Maddison RUWOLDT	<b>Linked by:</b>	Dr. Marnee Blundell
<b>DOB:</b>	22/09/1993	<b>Message:</b>	<b>Normal</b>
<b>Address:</b>	305 Kewell Road Kewell 3390		
<b>Ordered by:</b>	Dr Lynn Burmeister on 24/11/2022		
<b>Collected:</b>	16/12/2022 - 2:50 PM	<b>Notified by:</b>	on 00/00/0000
<b>Reported:</b>	23/12/2022	<b>Message:</b>	

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**CLINICAL NOTES:** low amh

MOLECULAR BIOLOGY

**FMR1 CGG TRIPLET REPEAT ASSAY**

**SPECIMEN:** Blood

**Test category:**      Assessment of the number of CGG triplet repeats present in the 5' untranslated region of the FMR1 gene in a clinically unaffected individual, with no relevant family history, for the purpose of assessing risk of Fragile X syndrome in future offspring.  
Reference sequence: GenBank NM\_002024.5

**Clinical Notes:**      None reported

**Result:**      Normal alleles detected showing homozygous for 31 CGG repeats. There is no evidence of presence of an expanded allele.

**Interpretation:**      This result indicates this patient is at very low risk of having a child affected with Fragile X syndrome as expansion of the FMR1 CGG repeat region accounts for >99% of Fragile X syndrome cases.

**Method:**      Assay to determine number of CGG triplet repeats only, performed using the Amplidex<sup>TM</sup> FMR1 PCR assay produced by Asuragen, Inc. This assay will not identify other FMR1 mutations.

**Reference Range:**      Normal Range                      =      5-44 repeats  
Intermediate Range                =      45-54 repeats  
Premutation Range                 =      55-200 repeats  
Full mutation Range                =      >200 repeats.

**Report Issued:**

**Notes:**      This report should not be copied or reproduced except in its entirety.

Validated by Dr. Mirette Saad

\$FX-B FXS-C

All tests on this request have now been completed

---

**AUSTRALIAN CLINICAL LABS** - Reference No: 22-66941735-KAR-0      Status: F

<b>Patient:</b>	Maddison RUWOLDT	<b>Linked by:</b>	Dr Elissa Heineke
<b>DOB:</b>	22/09/1993	<b>Message:</b>	<b>pendng</b>
<b>Address:</b>	305 Kewell Road Kewell 3390		
<b>Ordered by:</b>	Dr Jonathan Nettle on 27/10/2022		
<b>Collected:</b>	02/11/2022 - 8:15 AM	<b>Notified by:</b>	on 00/00/0000
<b>Reported:</b>	28/02/2023	<b>Message:</b>	

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**CLINICAL NOTES:** screening blood & urine tests

TEST NAME: KARYOTYPE STUDIES

This test was performed by:  
Monash Pathology  
Level 4  
Monash Medical Centre  
246 Clayton Road  
Clayton Vic 3168  
Tel: (03) 9594 4538  
NATA Accredited Laboratory Number: 2898

Test was referred on 03/11/22

Our records show a hard copy of this report has been dispatched to the surgery

Results received from testing institution  
-----  
28/02/23

KAR-C BGA-R OHD-R THA-R TOX-R CMV-R VPB-R HIV-R GLI-R TTG-R

All tests on this request have now been completed

---

**AUSTRALIAN CLINICAL LABS** - Reference No: 22-66941735-CPY-0      Status: F

<b>Patient:</b>	Maddison RUWOLDT	<b>Linked by:</b>	Dr Elissa Heineke
<b>DOB:</b>	22/09/1993	<b>Message:</b>	<b>Normal</b>
<b>Address:</b>	305 Kewell Road Kewell 3390		
<b>Ordered by:</b>	Dr Jonathan Nettle on 27/10/2022		
<b>Collected:</b>	02/11/2022 - 8:15 AM	<b>Notified by:</b>	on 00/00/0000
<b>Reported:</b>	07/11/2022	<b>Message:</b>	

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**CLINICAL NOTES:** screening blood & urine tests

**Dear Doctor**

This referral requests a copy of the result be sent to an additional practitioner, unfortunately we are unable to identify the practitioner based on the information provided. In order to correctly identify copy to locations supplying given name, surname and location is preferred.

If you still require the additional copy to be sent please email  
VIC.CustomerService@clinicallabs.com.au with the complete contact  
details and laboratory request number or phone us on 1300 134 111.

KAR-w BGA-R OHD-R THA-R TOX-R CMV-R VPB-R HIV-R GLI-R TTG-R

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

AUSTRALIAN CLINICAL LABS - Reference No: 22-66941735-TOX-0		Status: F
Patient:	Maddison RUWOLDT	Linked by: Dr Elissa Heineke
DOB:	22/09/1993	Message: Normal
Address:	305 Kewell Road Kewell 3390	
Ordered by:	Dr Jonathan Nettle on 27/10/2022	
Copy to:	Dr (Do Not Post) Copy Dr Pending	
Collected:	02/11/2022 - 8:15 AM	Notified by: on 00/00/0000
Reported:	04/11/2022	Message:

**CLINICAL NOTES:** screening blood & urine tests

MICROBIOLOGY SPECIMEN: SERUM

## TOXOPLASMA ANTIBODIES

Toxoplasma IgG antibody < 3 IU/mL

Toxoplasma IgM antibody                      Negative

COMMENT :

No serological evidence of past exposure to *Toxoplasma gondii*.

Toxoplasma serology is performed using Siemens Advia Centaur system.

Validated by Dr Linda Dreyer, Microbiologist. Ph. (03) 9538 6777

KAR-w BGA-R OHD-R THA-R TOX-C CMV-R VPB-R HIV-R GLI-R TTG-R

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

AUSTRALIAN CLINICAL LABS - Reference No: 22-66941735-TOX-0		Status: F
Patient:	Maddison RUWOLDT	Linked by: Dr Elissa Heineke
DOB:	22/09/1993	Message: Normal
Address:	305 Kewell Road Kewell 3390	
Ordered by:	Dr Jonathan Nettle on 27/10/2022	
Copy to:	Dr (Do Not Post) Copy Dr Pending	
Collected:	02/11/2022 - 8:15 AM	Notified by: on 00/00/0000
Reported:	04/11/2022	Message:

**CLINICAL NOTES:** screening blood & urine tests

MICROBIOLOGY SPECIMEN: SERUM

## TOXOPLASMA ANTIBODIES

Toxoplasma IgG antibody < 3 IU/mL

Toxoplasma IgM antibody                      Negative

COMMENT :

No serological evidence of past exposure to *Toxoplasma gondii*. A repeat sample in 10-14 days is advised for testing in parallel with this sample, if exclusion of recent infection is required.

Toxoplasma serology is performed using Siemens Advia Centaur system.

KAR-w BGA-R OHD-R THA-R TOX-C CMV-R VPB-R HIV-R GLI-R TTG-R

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

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**AUSTRALIAN CLINICAL LABS** - Reference No: 22-66941735-VZM-0      Status: F  
**Patient:** Maddison RUWOLDT      **Linked by:** Dr. Marnee Blundell  
**DOB:** 22/09/1993      **Message:** **Normal**  
**Address:** 305 Kewell Road Kewell 3390  
**Ordered by:** Dr Jonathan Nettle on 27/10/2022  
**Copy to:** Dr (Do Not Post) Copy Dr Pending  
**Collected:** 02/11/2022 - 8:15 AM      **Notified by:** on 00/00/0000  
**Reported:** 03/11/2022      **Message:**

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**CLINICAL NOTES:** screening blood & urine tests

SEROLOGY      SPECIMEN: SERUM  
**VIRAL ANTIBODIES**

Varicella Zoster      IgG    Positive

Comment:

Serological evidence of past exposure to Varicella zoster virus either through natural infection or immunisation (immune).  
If recent infection is suspected, IgM antibody testing may be indicated.

In symptomatic patients a swab from the lesion for PCR testing is preferred.

Varicella zoster IgG testing performed by DiaSorin Liaison XL.

KAR-w BGA-R OHD-R THA-R TOX-V CMV-R VPB-C HIV-R GLI-R TTG-R

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

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**AUSTRALIAN CLINICAL LABS** - Reference No: 22-66941735-VPB-0      Status: F  
**Patient:** Maddison RUWOLDT      **Linked by:** Dr. Marnee Blundell  
**DOB:** 22/09/1993      **Message:** **Normal**  
**Address:** 305 Kewell Road Kewell 3390  
**Ordered by:** Dr Jonathan Nettle on 27/10/2022  
**Copy to:** Dr (Do Not Post) Copy Dr Pending  
**Collected:** 02/11/2022 - 8:15 AM      **Notified by:** on 00/00/0000  
**Reported:** 03/11/2022      **Message:**

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**CLINICAL NOTES:** screening blood & urine tests

SEROLOGY      SPECIMEN: SERUM  
**VIRAL ANTIBODIES**

Parvovirus B19      IgG    **Positive**      IgM    Negative

**COMMENT**

Serological evidence of past exposure to Parvovirus B19.

KAR-w BGA-R OHD-R THA-R TOX-V CMV-R VPB-C HIV-R GLI-R TTG-R

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



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**AUSTRALIAN CLINICAL LABS** - Reference No: 22-66941735-CD-0      Status: F  
**Patient:** Maddison RUWOLDT      **Linked by:** Dr. Marnee Blundell  
**DOB:** 22/09/1993      **Message:** **Normal**  
**Address:** 305 Kewell Road Kewell 3390  
**Ordered by:** Dr Jonathan Nettle on 27/10/2022  
**Copy to:** Dr (Do Not Post) Copy Dr Pending  
**Collected:** 02/11/2022 - 8:15 AM      **Notified by:** on 00/00/0000  
**Reported:** 03/11/2022      **Message:**

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**CLINICAL NOTES:** screening blood & urine tests

IMMUNOLOGY

**SPECIMEN: SERUM**

**COELIAC DISEASE ANTIBODIES**

REFERENCE RANGES

		Normal	Low	Mod.	Strong
Deamidated Gliadin IgG	< 20 CU	(< 20)	(20-50)	(51-80)	(> 80)
Tissue Transglutaminase IgA	< 20 CU	(< 20)	(20-50)	(51-80)	(> 80)

INTERPRETATION

Coeliac disease is unlikely provided the patient has not been on a gluten free diet.

RECOMMENDATIONS

If clinical suspicion remains high, tests on a fresh blood sample for HLA DQ2/DQ8 are recommended. Negative DQ2/DQ8 virtually excludes coeliac disease.

TTG IgA and DGP IgG antibodies are tested by chemiluminescent immunoassay(CIA).

Results are reported in chemiluminescent units (CU).

KAR-w BGA-R OHD-R THA-R TOX-V CMV-R VPB-W HIV-R GLI-C TTG-C

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

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**AUSTRALIAN CLINICAL LABS** - Reference No: 22-66941735-BGA-0      Status: F  
**Patient:** Maddison RUWOLDT      **Linked by:** Dr. Marnee Blundell  
**DOB:** 22/09/1993      **Message:** **Normal**  
**Address:** 305 Kewell Road Kewell 3390  
**Ordered by:** Dr Jonathan Nettle on 27/10/2022  
**Copy to:** Dr (Do Not Post) Copy Dr Pending  
**Collected:** 02/11/2022 - 8:15 AM      **Notified by:** on 00/00/0000  
**Reported:** 03/11/2022      **Message:**

---

**CLINICAL NOTES:** screening blood & urine tests

BLOOD GROUP AND ANTIBODIES

Blood Group    A      Rh(D) Negative

No abnormal antibodies detected.

KAR-w BGA-C OHD-R THA-R TOX-V CMV-R VPB-W HIV-R GLI-W TTG-W

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

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AUSTRALIAN CLINICAL LABS - Reference No: 22-66941735-NMP-0      Status: F

Patient:	Maddison RUWOLDT	Linked by:	Dr. Marnee Blundell
DOB:	22/09/1993	Message:	Normal
Address:	305 Kewell Road Kewell 3390		
Ordered by:	Dr Jonathan Nettle on 27/10/2022		
Copy to:	Dr (Do Not Post) Copy Dr Pending		
Collected:	02/11/2022 - 8:15 AM	Notified by:	on 00/00/0000
Reported:	03/11/2022	Message:	

---

CLINICAL NOTES: screening blood & urine tests

MOLECULAR BIOLOGY

NEISSERIA GONORRHOEAE BY NAAT

Collection site	N.gonorrhoeae
Urine	Not Detected

Please note this assay is validated for endocervical, urethral and patient collected vaginal swabs, first void urines and liquid-based cytology solutions (PreservCyt Solution - Thinprep). For all other sample types, results should be evaluated in conjunction with the clinical presentation.

KAR-w BGA-W OHD-R THA-R TOX-V CMV-R VPB-W HIV-R GLI-W TTG-W

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

---

AUSTRALIAN CLINICAL LABS - Reference No: 22-66941735-CMP-0      Status: F

Patient:	Maddison RUWOLDT	Linked by:	Dr. Marnee Blundell
DOB:	22/09/1993	Message:	Normal
Address:	305 Kewell Road Kewell 3390		
Ordered by:	Dr Jonathan Nettle on 27/10/2022		
Copy to:	Dr (Do Not Post) Copy Dr Pending		
Collected:	02/11/2022 - 8:15 AM	Notified by:	on 00/00/0000
Reported:	03/11/2022	Message:	

---

CLINICAL NOTES: screening blood & urine tests

MOLECULAR BIOLOGY

CHLAMYDIA TRACHOMATIS BY NAAT

Collection Site	C.trachomatis
Urine	Not Detected

Please note this assay is validated for endocervical, urethral and patient collected vaginal swabs, first void urines and liquid-based cytology solutions (PreservCyt Solution - Thinprep). For all other sample types, results should be evaluated in conjunction with the

clinical presentation.

KAR-w BGA-W OHD-R THA-R TOX-V CMV-R VPB-W HIV-R GLI-W TTG-W

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

---

**AUSTRALIAN CLINICAL LABS** - Reference No: 22-66941735-KAR-0      Status: I

**Patient:** Maddison RUWOLDT      **Linked by:** Dr. Marnee Blundell

**DOB:** 22/09/1993      **Message:** **Acceptable/no action required**

**Address:** 305 Kewell Road Kewell 3390

**Ordered by:** Dr Jonathan Nettle on 27/10/2022

**Copy to:** Dr (Do Not Post) Copy Dr Pending

**Collected:** 02/11/2022 - 8:15 AM      **Notified by:** on 00/00/0000

**Reported:** 03/11/2022      **Message:**

---

**CLINICAL NOTES:** screening blood & urine tests

TEST NAME: KARYOTYPE STUDIES

Monash Pathology  
Level 4  
Monash Medical Centre  
246 Clayton Road  
Clayton Vic 3168  
Tel: (03) 9594 4538  
NATA Accredited Laboratory Number: 2898

Test was referred on 03/11/22

Results received from testing institution

-----  
pending

-\*- PRELIMINARY REPORT : FINAL REPORT TO FOLLOW -\*-

KAR-w BGA-W OHD-R THA-R TOX-V CMV-R VPB-W HIV-R GLI-W TTG-W

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

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**AUSTRALIAN CLINICAL LABS** - Reference No: 22-66941735-ISM-0      Status: F

**Patient:** Maddison RUWOLDT      **Linked by:** Dr Elissa Heineke

**DOB:** 22/09/1993      **Message:** **Acceptable/no action required**

**Address:** 305 Kewell Road Kewell 3390

**Ordered by:** Dr Jonathan Nettle on 27/10/2022

**Copy to:** Dr (Do Not Post) Copy Dr Pending

**Collected:** 02/11/2022 - 8:15 AM      **Notified by:** on 00/00/0000

**Reported:** 03/11/2022      **Message:**

---

**CLINICAL NOTES:** screening blood & urine tests

BIOCHEMISTRY

**IRON STUDIES**

**SPECIMEN: SERUM**

Date:	02/11/22	08/03/22	12/04/21
Coll. Time:	08:15	13:41	09:00
Lab Number:	66941735	63184858	49497856

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Iron	17.4	11.6	13.5	(10.0 - 30.0)	umol/L
Transferrin	2.72	2.40	2.95	(2.10 - 3.80)	g/L
Saturation	26	19	18	(15 - 45)	%
Ferritin	* 210	* 27	33	(30 - 200)	ug/L

66941735 Previous iron deficiency noted. Borderline high ferritin.  
Elevated serum ferritin may be seen in inflammation, chronic liver  
disease or recent iron treatment.

BGA-W REF-W OHD-R THA-R TOX-V CMV-R VPB-W HIV-R GLI-W TTG-W

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

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**AUSTRALIAN CLINICAL LABS** - Reference No: 22-66941735-HPS-0 Status: F  
**Patient:** Maddison RUWOLDT **Linked by:** Dr Elissa Heineke  
**DOB:** 22/09/1993 **Message:** **Normal**  
**Address:** 305 Kewell Road Kewell 3390  
**Ordered by:** Dr Jonathan Nettle on 27/10/2022  
**Copy to:** Dr (Do Not Post) Copy Dr Pending  
**Collected:** 02/11/2022 - 8:15 AM **Notified by:** on 00/00/0000  
**Reported:** 03/11/2022 **Message:**

---

**CLINICAL NOTES:** screening blood & urine tests

SEROLOGY SPECIMEN: SERUM  
**HEPATITIS SEROLOGY**

Hepatitis B Surface antigen [HBsAg]	Not Detected
Hepatitis C antibody (Total) [HCV]	Not Detected

**HEPATITIS B INTERPRETATION**

No serological evidence of acute or chronic HBV infection.

**HEPATITIS C INTERPRETATION**

No evidence of current or past Hepatitis C virus infection.

Antibody to Hepatitis C may take 12-24 weeks, from the date of onset  
of symptoms, to appear. If indicated, please submit a further  
sample.

HBsAgII and HCV primary assays performed using Siemens Advia Centaur  
system.

BGA-W REF-W OHD-R THA-R TOX-W CMV-R VPB-W HIV-R GLI-W TTG-W

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

---

**AUSTRALIAN CLINICAL LABS** - Reference No: 22-66941735-CMV-0 Status: F  
**Patient:** Maddison RUWOLDT **Linked by:** Dr Elissa Heineke  
**DOB:** 22/09/1993 **Message:** **Normal**  
**Address:** 305 Kewell Road Kewell 3390  
**Ordered by:** Dr Jonathan Nettle on 27/10/2022  
**Copy to:** Dr (Do Not Post) Copy Dr Pending  
**Collected:** 02/11/2022 - 8:15 AM **Notified by:** on 00/00/0000  
**Reported:** 02/11/2022 **Message:**

---

**CLINICAL NOTES:** screening blood & urine tests

SEROLOGY

**VIRAL ANTIBODIES****SPECIMEN: SERUM**

Cytomegalovirus

IgG Positive

IgM Negative

**COMMENT:** Serological evidence of past exposure to Cytomegalovirus.

Cytomegalovirus serology is performed using the Siemens Immulite system.

BGA-W REF-W OHD-R THA-R TOX-W CMV-C VPB-W HIV-R GLI-W TTG-W

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

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**AUSTRALIAN CLINICAL LABS** - Reference No: 22-66941735-TMA-0 Status: F  
**Patient:** Maddison RUWOLDT **Linked by:** Dr Elissa Heineke  
**DOB:** 22/09/1993 **Message:** Discuss at appointment  
**Address:** 305 Kewell Road Kewell 3390  
**Ordered by:** Dr Jonathan Nettle on 27/10/2022  
**Copy to:** Dr (Do Not Post) Copy Dr Pending  
**Collected:** 02/11/2022 - 8:15 AM **Notified by:** on 00/00/0000  
**Reported:** 02/11/2022 **Message:**

---

**CLINICAL NOTES:** screening blood & urine tests

## ENDOCRINOLOGY

**THYROID FUNCTION TEST****SPECIMEN: SERUM**

Date:	02/11/22	12/04/21	30/07/20
Coll. Time:	08:15	09:00	15:25
Lab Number:	66941735	49497856	42962427
-----			
Free T4	13.2		(9.0 - 25.0) pmol/L
TSH	3.54	2.17	1.93 (0.40 - 4.00)mIU/L
Free T3	5.5		(3.5 - 6.5) pmol/L

66941735 Euthyroid levels.

BGA-W REF-W OHD-R THA-R TOX-W CMV-W VPB-W HIV-R GLI-W TTG-W

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

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**AUSTRALIAN CLINICAL LABS** - Reference No: 22-66941735-HIV-0 Status: F  
**Patient:** Maddison RUWOLDT **Linked by:** Dr Elissa Heineke  
**DOB:** 22/09/1993 **Message:** Normal  
**Address:** 305 Kewell Road Kewell 3390  
**Ordered by:** Dr Jonathan Nettle on 27/10/2022  
**Copy to:** Dr (Do Not Post) Copy Dr Pending  
**Collected:** 02/11/2022 - 8:15 AM **Notified by:** on 00/00/0000  
**Reported:** 02/11/2022 **Message:**

---

**CLINICAL NOTES:** screening blood & urine tests

## SEROLOGY

**HIV SEROLOGY****SPECIMEN: SERUM**

HIV Ag/Ab : Not Detected

A negative result does not exclude the possibility of exposure to, or infection with HIV.

HIV antibody and/or p24 antigen may be undetectable in some stages of infection. In the presence of recent risk factors, further testing in 6 and 12 weeks is recommended.

HIV Ag/Ab Combo is a 4th Generation assay which detects HIV p24 antigen and HIV type 1 (including Group O) and type 2 antibodies.

Testing performed on the Siemens Advia Centaur System.

BGA-W REF-W OHD-R THA-R TOX-W CMV-W VPB-W HIV-C GLI-W TTG-W

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

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**AUSTRALIAN CLINICAL LABS** - Reference No: 22-66941735-RBM-0 Status: F  
**Patient:** Maddison RUWOLDT **Linked by:** Dr Elissa Heineke  
**DOB:** 22/09/1993 **Message:** **Normal**  
**Address:** 305 Kewell Road Kewell 3390  
**Ordered by:** Dr Jonathan Nettle on 27/10/2022  
**Copy to:** Dr (Do Not Post) Copy Dr Pending  
**Collected:** 02/11/2022 - 8:15 AM **Notified by:** on 00/00/0000  
**Reported:** 02/11/2022 **Message:**

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**CLINICAL NOTES:** screening blood & urine tests**RUBELLA ANTIBODIES****SPECIMEN: BLOOD**

IgG antibody	Detected
IgG antibody value	23 IU/mL

Serological evidence of past exposure to Rubella virus by either natural infection or vaccination. (IMMUNE).

Comment: Rubella IgG Antibody levels  $\geq 10$  IU/ml are considered protective.

Reference Source: World Health Organization (WHO) and The Australian Immunisation Handbook 10th Edition 2013.

This test has been performed using the Rubella IgG II assay on Siemens Advia Immunoassay System.

BGA-W REF-W OHD-R THA-R TOX-W CMV-W VPB-W HIV-W GLI-W TTG-W

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

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**AUSTRALIAN CLINICAL LABS** - Reference No: 22-66941735-TPL-0 Status: F  
**Patient:** Maddison RUWOLDT **Linked by:** Dr Elissa Heineke  
**DOB:** 22/09/1993 **Message:** **Normal**  
**Address:** 305 Kewell Road Kewell 3390  
**Ordered by:** Dr Jonathan Nettle on 27/10/2022  
**Copy to:** Dr (Do Not Post) Copy Dr Pending  
**Collected:** 02/11/2022 - 8:15 AM **Notified by:** on 00/00/0000  
**Reported:** 02/11/2022 **Message:**

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**CLINICAL NOTES:** screening blood & urine tests

SEROLOGY

SPECIMEN: SERUM

**SYPHILIS SEROLOGY**

Date:	02/11/22	12/04/21
Coll. Time:	08:15	09:00
Lab Number:	66941735	49497856

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T.pallidum IgG	Non reactive	Non reactive
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66941735 No serological evidence of Treponemal Infection.

Treponema pallidum IgG is assayed on the Siemens Centaur/Atellica system.

BGA-W REF-W OHD-R THA-R TOX-W CMV-W VPB-W HIV-W GLI-W TTG-W

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

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**AUSTRALIAN CLINICAL LABS** - Reference No: 22-66941735-THA-0 Status: F

<b>Patient:</b>	Maddison RUWOLDT	<b>Linked by:</b>	Dr Elissa Heineke
<b>DOB:</b>	22/09/1993	<b>Message:</b>	<b>Normal</b>
<b>Address:</b>	305 Kewell Road Kewell 3390		
<b>Ordered by:</b>	Dr Jonathan Nettle on 27/10/2022		
<b>Copy to:</b>	Dr (Do Not Post) Copy Dr Pending		
<b>Collected:</b>	02/11/2022 - 8:15 AM	<b>Notified by:</b>	on 00/00/0000
<b>Reported:</b>	02/11/2022	<b>Message:</b>	

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**CLINICAL NOTES:** screening blood & urine tests

BIOCHEMISTRY - THYROID AUTOANTIBODIES - CUMULATIVE

SPECIMEN: SERUM

Date	Lab Number	aTGII (IU/ml) (< 4.5)	aTPO (U/ml) (< 60)
02/11/22	66941735	< 1.3	< 28

**Key:**

aTGII - anti-thyroglobulin antibodies

aTPO - anti-thyroid peroxidase antibodies

Anti-ThyroGlobulin assay (aTGII) is standardised to the WHO International Reference Preparation, Human (NIBSC 65/093) and is performed on the Siemens Centaur/Atellica Immunoassay systems.

Normal thyroid antibodies.

BGA-W REF-W OHD-C THA-C TOX-W CMV-W VPB-W HIV-W GLI-W TTG-W

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

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**AUSTRALIAN CLINICAL LABS** - Reference No: 22-66941735-OHD-0 Status: F

<b>Patient:</b>	Maddison RUWOLDT	<b>Linked by:</b>	Dr Elissa Heineke
<b>DOB:</b>	22/09/1993	<b>Message:</b>	<b>Normal</b>
<b>Address:</b>	305 Kewell Road Kewell 3390		

Ordered by: Dr Jonathan Nettle on 27/10/2022  
Copy to: Dr (Do Not Post) Copy Dr Pending  
Collected: 02/11/2022 - 8:15 AM Notified by: on 00/00/0000  
Reported: 02/11/2022 Message:

CLINICAL NOTES: screening blood & urine tests

BIOCHEMISTRY

VITAMIN D

SPECIMEN: SERUM

Date	Time	Lab No.	25-hydroxy Vitamin D	
02/11/22	08:15	66941735	61	nmol/L
12/04/21	09:00	49497856	82	

66941735 Within normal limits.

Interpretation:

Vitamin D deficiency <50 nmol/L

Severe deficiency <20 nmol/L

COMMENT: Vitamin D sufficiency is defined as greater than or equal to 50 nmol/L at the end of winter (level may need to be 10-20 nmol/L higher at the end of summer).

Reference: Position Statement. Vitamin D and Health in Adults in Australia and New Zealand. MJA,196(11): 686-687, 2012.

BGA-W REF-W OHD-C THA-C TOX-W CMV-W VPB-W HIV-W GLI-W TTG-W

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

AUSTRALIAN CLINICAL LABS - Reference No: 22-66941735-HOR-0 Status: F

Patient: Maddison RUWOLDT Linked by: Dr Elissa Heineke  
DOB: 22/09/1993 Message: Normal  
Address: 305 Kewell Road Kewell 3390  
Ordered by: Dr Jonathan Nettle on 27/10/2022  
Copy to: Dr (Do Not Post) Copy Dr Pending  
Collected: 02/11/2022 - 8:15 AM Notified by: on 00/00/0000  
Reported: 02/11/2022 Message:

CLINICAL NOTES: screening blood & urine tests

ENDOCRINOLOGY

SPECIMEN: SERUM

HORMONE STUDIES

Date:	02/11/22	03/10/22	07/09/22	
Coll. Time:	08:15	09:43	08:05	
Lab Number:	66941735	66902876	63170652	
Prolactin (mIU/L)	559			mIU/L (see below)
Progesterone		4.1	83.7	nmol/L

PROLACTIN RANGES:

Female : 60 - 620 mIU/L

Post menopausal Female: 40 - 430 mIU/L

Prolactin test is performed using Siemens Centaur/Atellica system.

BGA-W REF-W OHD-W THA-W TOX-W CMV-W VPB-W HIV-W GLI-W TTG-W



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

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**AUSTRALIAN CLINICAL LABS** - Reference No: 22-66941735-HAE-0      Status: F  
**Patient:** Maddison RUWOLDT      **Linked by:** Dr Elissa Heineke  
**DOB:** 22/09/1993      **Message:** **Normal**  
**Address:** 305 Kewell Road Kewell 3390  
**Ordered by:** Dr Jonathan Nettle on 27/10/2022  
**Copy to:** Dr (Do Not Post) Copy Dr Pending  
**Collected:** 02/11/2022 - 8:15 AM      **Notified by:** on 00/00/0000  
**Reported:** 02/11/2022      **Message:**

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**CLINICAL NOTES:** screening blood & urine tests

HAEMATOLOGY

**SPECIMEN: WHOLE BLOOD**

Date:	<b>02/11/22</b>	08/03/22	12/04/21	(#Refers to current
Coll. Time:	08:15	13:41	09:00	result only)
Lab Number:	#66941735	63184858	49497856	

<b>HAEMOGLOBIN</b>	146	141	148	(115 - 165) g/L
RBC	4.86	4.87	5.05	(3.80 - 5.50)x10 ^12 /L
HCT	0.44	0.44	0.46	(0.35 - 0.47)
MCV	91	90	91	(80 - 99) fL
MCH	30.0	29.0	29.3	(27.0 - 34.0)pg
MCHC	330	322	322	(310 - 360) g/L
RDW	12.3	12.7	12.8	(11.0 - 15.0)%
<b>WCC</b>	6.2	7.9	5.0	(4.0 - 11.0) x10 ^9 /L
Neutrophils	3.5	5.1	2.5	(2.0 - 8.0) x10 ^9 /L
Lymphocytes	1.4	1.7	1.4	(1.0 - 4.0) x10 ^9 /L
Monocytes	0.7	0.6	0.5	(< 1.1) x10 ^9 /L
Eosinophils	0.5	0.5	0.6	(< 0.7) x10 ^9 /L
Basophils	< 0.1	< 0.1	< 0.1	(< 0.3) x10 ^9 /L
<b>PLATELETS</b>	328	305	287	(150 - 450) x10 ^9 /L

#66941735 : The red cell, white cell and platelet parameters are within normal limits.

BGA-W REF-W OHD-W THA-W TOX-W CMV-W VPB-W HIV-W GLI-W TTG-W

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



LABORATORY 3427-18635  
WIMMERA BASE HOSPITAL  
HORSHAM  
Tel:03 5381 9231

Referred: 11/07/23  
Collected: 11/07/23 16:10  
Tested: 11/07/23  
Printed: 11/07/23 17:39  
Batch: 0 337

MS RUWOLDT, MADDISON

305 KEWELL SCHOOL ROA  
KEWELL 3390  
DOB: 22/09/1993 (29 Y)  
Ph: 0353833545

UR :  
Ref :  
Lab No:23-79976869-I  
Sex :Female

DR LYNN BURMEISTER  
NUMBER ONE FERTILITY  
L2/120 JOLIMONT ROAD  
EAST MELBOURNE 3002

\*\*\* URGENT REPORT \*\*\*

## ENDOCRINOLOGY

### HUMAN CHORIONIC GONADOTROPIN (HCG)

### SPECIMEN: SERUM/PLASMA

Date	Time	Lab No.	HCG	Units	Ref. Range
11/07/23	16:10	79976869	< 2	IU/L	See below
15/06/23	10:12	79736785	< 2		
14/03/23	16:51	74141897	< 2		
18/08/22	07:58	66307083	< 2		

HCG testing is performed on a Siemens Dimension.

### EXPECTED RESULTS RANGE AND INTERPRETATION:

HCG (IU/L)	Interpretation	Notes
<5	Negative	Early pregnancy of less than 1 week may give a negative response and retesting in 2 - 3 days time may be appropriate if clinically indicated.
5 - 25	Equivocal	Suggest repeat test in 2 -3 days.
>25	Positive	Consistent with pregnancy.

### Gestational Age Expected HCG (IU/L)

Gestational Age	Expected HCG (IU/L)
2-3 weeks	5-50
3-4 weeks	50-500
4-5 weeks	100-5000
5-6 weeks	500-10000
6-7 weeks	1000-50000
7-8 weeks	10000-100000
8-10 weeks	15000-200000
10-14 weeks	10000-100000

NOTE: There is a large inter-individual variation in maternal serum concentrations of hCG in early pregnancy. These values are for guidance

QUA-R, LFH-W, OST-W, PRG-W  
CC Drs: RAMANATHAN.  
MS RUWOLDT, MADDISON

Page: 1 of 2



LABORATORY 3427-18635  
WIMMERA BASE HOSPITAL  
HORSHAM  
Tel:03 5381 9231

Referred: 11/07/23  
Collected: 11/07/23 16:10  
Tested: 11/07/23  
Printed: 11/07/23 17:39  
Batch: 0 338

MS RUWOLDT, MADDISON

305 KEWELL SCHOOL ROA  
KEWELL 3390

DOB: 22/09/1993 (29 Y)

Ph: 0353833545

UR :

Ref :

Lab No:23-79976869-I

Sex :Female

DR LYNN BURMEISTER

NUMBER ONE FERTILITY

L2/120 JOLIMONT ROAD

EAST MELBOURNE 3002

\*\*\* URGENT REPORT \*\*\*

only. Gestational ages can be calculated from the date of the last menstrual cycle or be determined by sonography.

ALSO PLEASE NOTE THIS ASSAY HAS NOT BEEN VALIDATED FOR USE OUTSIDE THE ASSESSMENT OF PREGNANCY STATUS.

QUA-R, LFH-W, OST-W, PRG-W  
CC Drs: RAMANATHAN.  
MS RUWOLDT, MADDISON

Page: 2 of 2

DR JONATHAN AKEROYD STEVENSON NETTLEBOLDT

L1,  
1 COLLINS ST,  
MELBOURNE VIC, 3000

**Maddison**

DOB: 22-Sep-1993 SEX: F UR: 9060777  
305 Kewell Rd,  
Kewell 3390

Ext. Ref.: 22-66941735



224096219

### CYTOGENETICS: CHROMOSOME ANALYSIS REPORT

Lab Number: 224096219 Specimen type: Blood

Date collected: 02-Nov-2022 Date received: 03-Nov-2022 Date reported: 21-Feb-2023

Clinical indication: None supplied

Cells counted: 10 Cells analysed: 5 Technique(s): G-banding

#### Karyotype:

46,XX

#### NO ABNORMALITY DETECTED

Chromosomal analysis of this sample using G-banding revealed an apparently normal female karyotype.

cc:

DR DAVID DEAM, DR JONATHAN AKEROYD STEVENSON NETTLE

Please note: Standard chromosome analysis may not detect low level mosaicism or small structural rearrangements.

Report authorised by Lucy Gugasyan (Clinical scientist, Diagnostic Genomics)

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