

Lab ID 532563853

DOB 13/11/1996 (28 Yrs FEMALE)

Referrer To Racheal (Patient To Pay) Lee

Your ref.

Address COMPLEMENTARY MEDICINE 6/115 SHINGLEY BEACH DR
SHINGLEY BEACH RESORT
AIRLIE BEACH QLD 4802

Address 240 FRONT STREET
HAMILTON ISLAND QLD 4803

Phone

Phone 0466599210

Copy to

Requested 30/11/2024

Clinical Notes Not Provided

Collected 30/11/2024 08:58

Received 30/11/2024 08:59

Reverse T3

Test Name	Result	Units	Reference Interval	Comment
Reverse T3	333	pmol/L	140 - 540	

LK

SULLIVAN NICOLAIDES PTY LTD. ABN 38 078 202 196. NATA/RCPA ACCREDITATION NO 1964

02-12-2024 22:20