

DAHLSTROM, VERA

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

Patient	MARTIN, TAMMY	40 GRAU ST ATHERTON QLD 4883	Requested	22/07/2024	
Sex	F	Age 55 years	DOB	22/12/1968	
Report For	DAHLSTROM, VERA			Collected	22/07/2024 08:45 AM
Ref. by/copy to	DAHLSTROM, VERA			Reported	29/07/2024 04:47 PM

PCR TEST FOR HAEMOCHROMATOSIS (HFE GENE).

SPECIMEN: Peripheral blood

RESULTS:  
C282Y (c.845G>A): Variant NOT detected.  
H63D (c.187C>G): HETEROZYGOUS VARIANT DETECTED  
S65C (c.193A>T): Variant NOT detected.

The presence of a single recognised mutation is consistent with an asymptomatic carrier state. However iron overload may be noted if another unrecognized mutation is present on the other chromosome.

Genetic tests results may have significant medical implications for both the patient and relatives. Corroboration of this result by reference to other clinical or laboratory information, or by repeat testing, may be warranted.  
No current, full iron studies are available for comment in the context of this result.

For enquiries consult Dr Abhijit Kulkarni.

Pathology Report

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Whole Blood Vitamin B6 98 ug/L (> 14)  
(as Pyridoxal-5-phosphate)

This result does not indicate vitamin B6 deficiency.

Levels exceeding 30 ug/L typically reflect recent absorption or supplementation.  
Very high levels exceeding 500 ug/L if sustained have been associated with neuropathy.

Note: As vitamin B6 is found predominantly within the red blood cells, patients with anaemia may misleadingly have mildly low results.

ANTINUCLEAR ANTIBODY SEROLOGY

Anti-nuclear antibodies Negative

The ANA test is negative at the screening dilution of 1:80. A negative ANA excludes SLE in most cases. Consider ENA screening for patients with features of Sjogren's syndrome (to detect antibodies to SS-A which may co-exist with a negative ANA).  
Anti-dsDNA antibody testing is usually not warranted with a negative ANA unless the clinical suspicion of SLE is high.

For enquiries, contact Dr Paul Campbell 07 3121 4444  
Patients should contact their referring doctor in regard to this result.

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CUMULATIVE VITAMIN B12 AND FOLATE ASSAYS

Date	22/07/24
Time	08:45
Lab No	65343593
Active B12	146 pmol/L (> 35)
S.Fol.	21.7 nmol/L (8.4-55.0)

Comment:  
65343593

Serum Folate Assay:  
Adequate Serum Folate.  
In the absence of recent oral intake, a serum folate >13 nmol/L effectively rules out folate deficiency. Consider repeat fasting Folate, if there has been inadequate fasting, and clinical concern remains.

Holo TC Assay:  
No current vitamin B12 deficiency.

Methodology:  
B12 and Active B12 (HoloTC) assays performed on Siemens Atellica analyser.

For Doctor clinical enquiries, please contact Dr Peter Davidson 07 3121 4444.  
Patients should contact their referring doctor in regard to this result.

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CUMULATIVE SERUM THYROID FUNCTION TESTS

Date 22/07/24  
Time 08:45  
Lab No 65343593  
TSH 1.6 mIU/L (0.50-4.00)  
free T4 12 pmol/L (10-20)  
free T3 4.5 pmol/L (2.8-6.8)

Euthyroid level.

Serum Zinc 12 umol/L (10-25)

CUMULATIVE SERUM VITAMIN D

Date 22/07/24  
Time 08:45  
Lab No 65343593  
Vitamin D3 - 47 nmol/L (> 49)

65343593 Interpretation:  
Result of 30-49 nmol/L - mild deficiency.  
Result of 12.5-29 nmol/L - moderate deficiency.  
Follow-up:  
Review after 3 months of therapy will confirm if the deficiency  
has been rectified.

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