

Demographic Details				
Practice:	Ms	Lebovits	Rebecca	23/08/2000 Female
Lab:	25-28582840-GLS-0	LEBOVITS	REBECCA	23/08/2000 Female
Provider: Australian Clinical Labs				

Reference Details		Collection Details	
Medicare:	2102217342 5	Collected:	24/01/2025 8:48:00 AM
Veterans:		Copy to:	DR PAUL ANDREW BIRD; DR PAUL ANDREW BIRI
Pension:		Referred by:	DR DALIA HENSS

Investigation Result: Lebovits, Rebecca

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GLUCOSE

Glucose 5.0 mmol/L

Specimen Type
Fasting

Comment:
Normal fasting glucose.
NOTE: HbA1c has been requested.

Glucose Reference Ranges
Random 3.0 - 6.9 mmol/L
Fasting 3.0 - 5.4 mmol/L
1 Hour post prandial 3.0 - 11.0 mmol/L
2 Hour post prandial 3.0 - 7.7 mmol/L
Specimen Legend:
Fl-ox = Fluoride oxalate, serum = Serum, np = Non-Preserved

Specimen collected 08:48

CONTAINER
serum

CLINICAL NOTES: fatigue

BIOCHEMISTRY

GLUCOSE

Date	Time	Lab#	Collection Type	Specimen	Glucose (mmol/L)
24/01/25	08:48	28582840	Fasting	serum	5.0

28582840 Normal fasting glucose.
NOTE: HbA1c has been requested.

Glucose Reference Ranges
Random 3.0 - 6.9 mmol/L
Fasting 3.0 - 5.4 mmol/L
1 Hour post prandial 3.0 - 11.0 mmol/L
2 Hour post prandial 3.0 - 7.7 mmol/L
Specimen Legend:

Investigation Result: Lebovits, Rebecca

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Fl-ox = Fluoride oxalate, serum = Serum, np = Non-Preserved

TESTS COMPLETED: IS, LIP, GHB, GLS, INS, OHD, TFT,

End of Report:

Demographic Details				
Practice:	Ms	Lebovits	Rebecca	23/08/2000 Female
Lab:	25-28582840-GHB-0	LEBOVITS	REBECCA	23/08/2000 Female
Provider: Australian Clinical Labs				

Reference Details		Collection Details
Medicare:	2102217342 5	Collected: 24/01/2025 8:48:00 AM
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Investigation Result: Lebovits, Rebecca

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GLYCATED HB

HbA1c	5.0 %	< 6.5
IFCC HbA1c	31 mmol/mol	

GHB Comment:
HbA1c consistent with euglycaemic state.

INTERPRETATION CRITERIA
DIAGNOSIS.
A HbA1c greater than or equal to 48 mmol/mol (6.5 %) is consistent with diabetes. Consider OGTT or repeat HbA1c for confirmation.
HbA1c 6.0 - 6.4% is consistent with prediabetes. Repeat testing annually is recommended. (ADS position statement 2020)
MONITORING.
The Australian Diabetes Society (ADS) recommends individualised HbA1c targets depending on the patient's age, comorbidities and any Hypoglycaemia (ADS position statement 2009).
A general target of less than or equal to 53 mmol/mol (7.0%) is often used.

COMMENT
Please note that Hb A1c results may be influenced by conditions affecting red cells or their survival times such as haemoglobinopathies, anaemias, recent transfusion or blood loss.

HbA1c tested on Roche c513 using Gen. 3 assay.

CLINICAL NOTES: fatigue

BIOCHEMISTRY

HAEMOGLOBIN A1c	SPECIMEN: WHOLE BLOOD
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Date	Coll Time	Req. No.	IFCC HbA1c (mmol/mol)	DCCT HbA1c (%)
24/01/25	08:48	28582840	31	5.0

28582840 HbA1c consistent with euglycaemic state.

INTERPRETATION CRITERIA
DIAGNOSIS.
A HbA1c greater than or equal to 48 mmol/mol (6.5 %) is consistent with diabetes. Consider OGTT or repeat HbA1c for confirmation.
HbA1c 6.0 - 6.4% is consistent with prediabetes. Repeat testing annually is recommended. (ADS position statement 2020)
MONITORING.
The Australian Diabetes Society (ADS) recommends individualised HbA1c

targets depending on the patient's age, comorbidities and any Hypoglycaemia (ADS position statement 2009).
A general target of less than or equal to 53 mmol/mol (7.0%) is often used.

Please note that Hb A1c results may be influenced by conditions affecting red cells or their survival times such as haemoglobinopathies, anaemias, recent transfusion or blood loss.

TESTS COMPLETED: IS, LIP, GHB, GLS, INS, OHD, TFT,

End of Report:

Demographic Details				
Practice:	Ms	Lebovits	Rebecca	23/08/2000 Female
Lab:	25-28582840-INS-0	LEBOVITS	REBECCA	23/08/2000 Female
Provider: Australian Clinical Labs				

Reference Details	Collection Details	
Medicare: 2102217342	5	Collected: 24/01/2025 8:48:00 AM
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INSULIN

Insulin 16 mU/L See below H

RANGE
Insulin Reference Ranges:
Fasting 2 - 12 mU/L
2hr post prandial 5 - 30 mU/L

CLINICAL NOTES: fatigue

ENDOCRINOLOGY

INSULIN STUDIES

SPECIMEN: SERUM

Date	Time	Lab No.	Insulin	Ref Range	Units
24/01/25	08:48	28582840	*	16 (See below)	mU/L

Insulin Reference Ranges:
Fasting 2 - 12 mU/L
2hr post prandial 5 - 30 mU/L

TESTS COMPLETED: IS, LIP, GHB, GLS, INS, OHD, TFT,

End of Report:

Demographic Details				
Practice:	Ms	Lebovits	Rebecca	23/08/2000 Female
Lab:	25-28582840-ISM-0	LEBOVITS	REBECCA	23/08/2000 Female
Provider: Australian Clinical Labs				

Reference Details		Collection Details	
Medicare:	2102217342 5	Collected:	24/01/2025 8:48:00 AM
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IRON MASTER

Iron	11.2 umol/L	10.0 - 30.0	
Iron Saturation	14 %	15 - 45	L
Transferrin (quant)	3.14 g/L	2.10 - 3.80	
Ferritin	34 ug/L	30 - 200	

Iron Comment:
Low iron saturation but serum ferritin within normal limits.

CLINICAL NOTES: fatigue

BIOCHEMISTRY

IRON STUDIES

SPECIMEN: SERUM

Date:	24/01/25		
Lab Number:	28582840		

Iron	11.2	(10.0 - 30.0)	umol/L
Transferrin	3.14	(2.10 - 3.80)	g/L
Saturation	* 14	(15 - 45)	%
Ferritin	34	(30 - 200)	ug/L

28582840 Low iron saturation but serum ferritin within normal limits.

TESTS COMPLETED: IS, LIP, GHB, GLS, INS, OHD, TFT,

End of Report:

Demographic Details				
Practice:	Ms	Lebovits	Rebecca	23/08/2000 Female
Lab:	25-28582840-LS-0	LEBOVITS	REBECCA	23/08/2000 Female
Provider:	Australian Clinical Labs			
Reference Details			Collection Details	
Medicare:	2102217342	5	Collected:	24/01/2025 8:48:00 AM
Veterans:				
Pension:				
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Investigation Result: Lebovits, Rebecca Page 1 of 2

LIPID STUDIES

Total Cholesterol	6.2 mmol/L	< 5.6	H
H.D.L. Cholesterol	1.6 mmol/L	> 1.1	
L.D.L. Cholesterol	3.6 mmol/L	< 3.1	H
Triglycerides	2.2 mmol/L	< 2.1	H
Chol/HDL Ratio (Risk Factor)	3.9		
Non-HDL Cholesterol	4.6 mmol/L	< 4.1	H
LDL/HDL Ratio (Risk Factor)	2.2		

Lipid Comment:
Mild increases in LDL-cholesterol and triglyceride. Interpret in conjunction with other cardiovascular risk factors or treatment targets.

Fasting status
Fasting

Ref Range
Desirable Range (Fasting)

HIGH RISK LDL REF RANGE
Recommended targets for high risk patients are
Total cholesterol < 4.0 mmol/L
HDL Cholesterol > 1.0 mmol/L
LDL Cholesterol < 2.5 mmol/L (< 1.8 mmol/L for very high risk) Non-HDL Cholesterol < 3.3 mmol/L (< 2.5 mmol/L for very high risk) Fasting triglycerides < 2.0 mmol/L

Lipid ranges and targets are from the AACB Guideline for Harmonised Lipid Reporting (2018)
Target values need to be individualised based on clinical assessment of overall risk.
See the AusCVD Risk calculator at www.cvdcheck.org.au

COMMENT
Please note, from 27/09/2023, modified lipid reference ranges apply.

CLINICAL NOTES: fatigue

BIOCHEMISTRY

LIPID STUDIES		SPECIMEN: SERUM
Date:	24/01/25	Desirable Range
Lab Number:	28582840	(Fasting)
Fasting status		Fasting

Total Chol.	*	6.2	(< 5.6)	mmol/L
HDL Chol.		1.6	(> 1.1)	mmol/L
LDL Chol.	*	3.6	(< 3.1)	mmol/L
Non-HDL Chol.	*	4.6	(< 4.1)	mmol/L
Triglyceride	*	2.2	(< 2.1)	mmol/L
LDL/HDL Ratio		2.2		
Chol/HDL Ratio		3.9		

28582840 Mild increases in LDL-cholesterol and triglyceride. Interpret in conjunction with other cardiovascular risk factors or treatment targets.

Recommended targets for high risk patients are

Total cholesterol	< 4.0 mmol/L
HDL Cholesterol	> 1.0 mmol/L
LDL Cholesterol	< 2.5 mmol/L (< 1.8 mmol/L for very high risk)
Non-HDL Cholesterol	< 3.3 mmol/L (< 2.5 mmol/L for very high risk)
Fasting triglycerides	< 2.0 mmol/L

Lipid ranges and targets are from the AACB Guideline for Harmonised Lipid Reporting (2018)

Target values need to be individualised based on clinical assessment of overall risk.

See the AusCVD Risk calculator at www.cvdcheck.org.au

Please note, from 27/09/2023, modified lipid reference ranges apply.

TESTS COMPLETED: IS, LIP, GHB, GLS, INS, OHD, TFT,

End of Report:

Demographic Details				
Practice:	Ms	Lebovits	Rebecca	23/08/2000 Female
Lab:	25-28582840-TMA-0	LEBOVITS	REBECCA	23/08/2000 Female
Provider:	Australian Clinical Labs			

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TFT MASTER PANEL

Thyroid Stimulating Hormone 1.67 mIU/L 0.40 - 4.00

Comment:
Normal TSH level.

CLINICAL NOTES: fatigue

ENDOCRINOLOGY

THYROID FUNCTION TEST SPECIMEN: SERUM

Date: 24/01/25
Coll. Time: 08:48
Lab Number: 28582840

TSH 1.67 (0.40 - 4.00) mIU/L

28582840 Normal TSH level.

TESTS COMPLETED: IS, LIP, GHB, GLS, INS, OHD, TFT,

End of Report:

Demographic Details				
Practice:	Ms	Lebovits	Rebecca	23/08/2000 Female
Lab:	25-28582840-OHD-0	LEBOVITS	REBECCA	23/08/2000 Female
Provider: Australian Clinical Labs				

Reference Details		Collection Details	
Medicare:	2102217342 5	Collected:	24/01/2025 8:48:00 AM
Veterans:		Copy to:	DR PAUL ANDREW BIRD; DR PAUL ANDREW BIRI
Pension:		Referred by:	DR DALIA HENSS

Investigation Result: Lebovits, Rebecca

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VITAMIN D

25-hydroxy Vitamin D 51 nmol/L

Comment:
Within normal limits.

INTERPRETATION
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.

CLINICAL NOTES: fatigue

ENDOCRINOLOGY

VITAMIN D			SPECIMEN: SERUM	
Date	Req. No.	25-hydroxy Vitamin D		
24/01/25	28582840	51	(50 - 200)	nmol/L

28582840 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.

TESTS COMPLETED: IS, LIP, GHB, GLS, INS, OHD, TFT,

End of Report: