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KADINA-LEE HAWKINS

Lab ID 526466421 DOB 23/03/1992 (32 Yrs FEMALE)

Referrer Dr Renee M Verkuijl

Address NQ GYNAECOLOGY PTY LTD OBS&GYNAE SU 3 OXFORD MED STES 18 OXFORD ST HYDE PARK QLD 4812

Phone 0747725059

Your ref.

Address 12 HORSESHOE BAY RD HORSESHOE BAY QLD 4819

Phone 0488048301

Copy to Dr Hla Ei Hnin Si (0749677700)

Clinical Notes LMP: 23/09/2024, EDC: 30/06/2025 recurrent miscarriage. Clinical notes available on imaged request form.

Requested 07/01/2025

Collected 07/01/2025 09:05

Received 07/01/2025 09:05

Coagulation Special Investigations

Specimen	EDTA Blood
Factor V Leiden	Mutation Not Detected
Prothrombin 20210 G>A	Mutation Not Detected

Comments

This patient does NOT carry the Factor V Leiden mutation (F5:c.1601G>A) or the Prothrombin 20210G>A mutation (F2:c.*97G>A). The decision to use antithrombotic prophylaxis or treatment in this patient should be guided by other clinical parameters.

Test Information

Please note these variants are known as c.1601G>A, p.Arg534Gln and c.*97G>A according to HGVS nomenclature; RefSeqGene: NG_001803.1(F5), RefSeqGene:NG_008953.1(F2).

Testing was performed utilising endpoint genotyping on the LC480. This result does not exclude mutations being present at other locations within the FV (RefSeq: NG_001803.1) or Prothrombin (RefSeqGene: NG_008953.1) genes.

NPAAC guidelines suggest that repeat testing on a separately collected specimen may be warranted for genetic tests to identify any potential errors in specimen collection, testing or reporting. Repeat testing is especially recommended if the results will impact significantly on clinical management, or if the results are inconsistent with family history, clinical features or other laboratory results.

For further clinician enquiries regarding these results, please contact a SNP Haematologist (07 3377 8603).

KR

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

Reported on 09-Jan-25 12:13

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MTHFR Genotyping

Specimen	EDTA Blood
MTHFR C677T	Mutation Not Detected
MTHFR A1298C	**Heterozygous Mutation Detected** *

Please note these variants are known as c.665C>T, p.Ala222Val and c.1286A>C, p.Glu429Ala, according to HGVS nomenclature; RefSeqGene: NM_005957.4.

Comments

This patient is heterozygous for the A1298C variant of the MTHFR gene (c.1286A>C). Heterozygosity for this variant is common, occurring in approximately 35-40% of the population. Heterozygosity for this variant has not been shown to be associated with increased risk of thrombotic disease.

Test Information:

Testing was carried out by real-time PCR and melt curve analysis for two variants of the MTHFR gene, c.665C>T (p.Ala222Val, also known as C677T) and c.1286A>C (p.Glu429Ala, also known as A1298C).

As they are typically only carried out once per patient, corroboration of genetic test results should be considered - e.g. by reference to other clinical or laboratory information or by repeat testing.
For clinician enquiries regarding these results, please contact Dr James Harraway (07 3377 8666).

JS

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Reported on 14-Jan-25 15:42

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Thyroid Function Tests

Test Name	Result	Reference Interval	Units
TSH	1.3	0.3 - 3.5	mIU/L

Comments

Euthyroid

EA

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Reported on 08-Jan-25 01:10

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25 Hydroxy Vitamin D

Test Name	Result	Reference Interval	Units
25-OH Vitamin D	73	50 - 150	nmol/L

Comments

According to the Position Statement 'Vitamin D and health in adults in Australia and New Zealand' MJA, 196(11):1-7, 2012, vitamin D status is defined as:

Vitamin D adequacy: >49 nmol/L at the end of winter
(levels may need to be 10-20 nmol/L higher at the end of summer, to allow for seasonal decrease.)
Mild vitamin D deficiency: 30-49 nmol/L
Moderate vitamin deficiency: 12.5-29 nmol/L
Severe vitamin D deficiency: < 12.5 nmol/L

EA

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

Reported on 08-Jan-25 01:39

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HbA1c

Test Name	Result	Reference Interval	Units
HbA1c (NGSP)	5.3	<6.5	%
HbA1c (IFCC)	35	<48	mmol/mol

Comments

The currently accepted cut-point for diagnosis of Type 2 Diabetes is an HbA1c level equal to or greater than 6.5% (48 mmol/mol) in patients with normal red blood cell turnover.
An abnormal screening HbA1c equal to or greater than 6.5% (48 mmol/mol) should be confirmed by a repeat HbA1c level as soon as possible, prior to any dietary adjustment or therapeutic intervention.
If the follow up HbA1c is less than 6.5% (48mmol/mol) then the patient does not have diabetes and should be rescreened in 12 months time.
(Ref: MJA 197/4:220-221 (2012))
Patients with HbA1c levels of 5.7 - 6.4% (38 - 46 mmol/mol) may still have a slightly increased risk of microvascular complications according to the AusDiab study.
The Medicare item for HbA1C for diagnosis of Diabetes Mellitus is limited to one test per 12 months; for monitoring Diabetes testing remains unchanged - 4 tests per 12 months.
Further information may be found at MBS online http://www9.health.gov.au/mbs/search.cfm
An alternative test to monitor diabetes such as serum fructosamine is advisable in the presence of altered red cell lifespan.
HbA1c performed on the Sebia Cap3 analyser by capillary electrophoresis.

HA

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Reported on 08-Jan-25 11:41

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Pro-thrombotics Studies

Test Name	Result	Reference Interval	Units
Protein C (Functional)	0.85	0.70 - 2.00	U/mL
Protein S (Free Antigen)	0.90	0.55 - 2.00	U/mL
Antithrombin III	101	75 - 150	%
Lupus Anticoagulant	Not Detected		
Specimen	EDTA Blood		
Factor V Leiden	Mutation Not Detected		
Prothrombin 20210 G>A	Mutation Not Detected		
PT	13	8 - 14	s
APTT	37	23 - 38	s

Comments

Antithrombin level is determined with an anti-Xa based assay.
The anti-Xa based anticoagulants (eg Rivaroxaban and Apixaban) will interfere and cause possible over estimation of Antithrombin levels.
Please review patient's medication.
If indicated, repeat testing after these agents have ceased.

HA

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Reported on 09-Jan-25 09:57

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Received 07/01/2025 09:05

Chromosome Studies

Tissue Submitted	Blood	**Received**	08/01/2025
Clinical Indication	LMP: 23/09/2024, EDD: 03/06/2025 Recurrent miscarriages		
Number of Cells Analysed	5		
Banding Studies	Giemsa		
Band Resolution	550 bands per haploid set (High)		
Karyotype	46,XX		
Interpretation	Female karyotype, no abnormality detected.		

Comments

The limit of resolution for conventional karyotype is approximately 10 Mb; structural rearrangements below this resolution or low level mosaic abnormalities may not be detected (reliable limit of detection approximately 40% mosaicism). Common benign polymorphic variation will not be reported. An apparently normal karyotype does not exclude the presence of other classes of genetic variants not detected by this assay. Results have been reported using ISCN 2020 nomenclature.

SG

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Reported on 13-Jan-25 13:41

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Autoantibodies

Anti-Nuclear Abs (ANA)	Negative (Titre <1:80)

Comments

A negative ANA is seen in normal individuals. Occasionally patients with active SLE have a negative ANA.

RS

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Reported on 08-Jan-25 13:55

Coeliac Disease Autoantibodies

Tissue Transglutaminase IgA Abs	<1	<7	U/mL
Gliadin (deamidated) IgG Abs	<1	<7	U/mL

Comments

The presence of coeliac disease is very unlikely (<5%).
If suggestive symptoms, signs or family history, coeliac tissue typing or endoscopy may help exclude the disease further.

IA

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Reported on 08-Jan-25 06:08

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Autoantibodies

Beta 2 Glycoprotein IgG Abs	1	<7	U/mL
Cardiolipin IgG Abs	<1	<20	U/mL

Comments

Beta 2 glycoprotein 1 (B2GP1) IgG antibodies are more strongly associated with the presence of antiphospholipid syndrome (APS) than anti-cardiolipin antibodies. However the absence of B2GP1 IgG antibodies does not necessarily exclude APS. B2GP1 IgG antibody results between 7-10 U/mL are considered borderline. True positives are likely to be greater than 60 U/mL. Results greater than 80 are associated with APS thrombosis. Results less than 80 are unlikely to be clinically relevant. All potential cases of APS should be discussed with an Immunologist. Dr Daman Langguth (07) 3377 8698. Testing performed by FEIA.
Beta 2 Glycoprotein IgM Abs are no longer performed as their clinical significance is uncertain.

Anti-cardiolipin IgG antibodies may be associated with one or more of the following: arterial and/or venous thrombosis, recurrent pregnancy loss, low platelet counts. Some cases are associated with systemic autoimmune disease e.g. SLE. Low level antibodies (<40 IU/mL) are generally of uncertain clinical significance and may occur transiently in some infections. Other tests which may be useful include lupus anticoagulant (additional specimen required) and ANA/ENA/DNA. Test performed by FEIA.

IA

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

Reported on 08-Jan-25 06:10

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Blood Bank Serology

Blood Group	**O Rh(D) Positive**
Antibody Screen	Negative

BBANKA

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Reported on 08-Jan-25 14:43

Cytomegalovirus (CMV) Serology

CMV IgG (CLIA)	Positive
CMV IgM (CLIA)	Negative

Comments

Serological evidence of past exposure to CMV.

SA

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Reported on 08-Jan-25 02:11

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Herpes simplex Serology

Herpes Simplex 1 IgG (CLIA)	Negative
Herpes Simplex 2 IgG (CLIA)	Negative

Comments

No antibodies to Herpes simplex virus detected.
This result may indicate:
1. No exposure to HSV
2. Early primary infection with HSV. A second sample should be submitted if recent infection is suspected. Development of an IgG response can take up to 6 weeks following exposure. In symptomatic patients a swab of a lesion for detection of HSV DNA by PCR is the preferred method of diagnosis.
3. A false negative IgG result. 5–20% of patients with past HSV exposure will have a negative specific IgG result. Furthermore, HSV-2 antibodies are lost at a rate of 5–10% per year, at least in asymptomatic patients.
HSV Western Blot testing is no longer available.

SA

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Toxoplasma Serology

Toxoplasma IgG (CLIA)	Negative
Toxoplasma IgM (CLIA)	Negative

Comments

No antibodies to Toxoplasma detected.
This result may indicate:
1.No exposure to Toxoplasma.
2.Early infection with Toxoplasma. A recollection in 10-14 days is recommended.

SA

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Varicella zoster Serology

Varicella zoster IgG (CLIA)	Positive
Varicella IgG Index	663.00

Comments

Immune status: Positive

Assay IgG Index Ranges:
Negative: <150 IU/mL
Positive: >=150 IU/mL

The uncertainty of measurement of this assay is +/-10% which equates to 135 to 165 at the cut-off of 150 IU/mL.

If clinical illness is suspected Varicella zoster is best diagnosed by swabbing the base of a lesion firmly for detection of VZV DNA by PCR (plain black dry swab).

VZV IgG testing is performed by CLIA.

SA

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Syphilis Serology

Syphilis (CMIA) Screen	Negative

Comments

No treponemal antibodies detected.
The Syphilis TP Chemiluminescent Microparticle Immunoassay (CMIA) is a screening test for T.pallidum antibodies.

This result may indicate:
1. no exposure to T.pallidum.
2. very early primary syphilis. If risk factors exist a further sample should be tested in 2-3 weeks. In symptomatic patients, a swab of mucocutaneous lesions for the detection of T.pallidum DNA by PCR may be positive before antibody production commences.

Repeat antenatal syphilis screening for high risk subjects should be considered at 28-32 weeks gestation and at delivery.

EA

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Rubella Serology

Rubella IgG	10	IU/mL

Comments

A low level of rubella IgG antibody (10–19 IU/mL) detected suggesting past exposure or response to immunisation.

If future pregnancies are anticipated it is reasonable to boost antibody levels with vaccination to reduce susceptibility to rubella reinfection. As the vaccine contains live attenuated virus, patients should not be vaccinataed during pregnancy or become pregnant for 28 days post immunisation.

During pregnancy, if rubella contact has occurred, please notify the laboratory to arrange rubella IgM testing on the current sample and send a further serum 3–4 weeks after last contact or as soon as illness develops.

Rubella IgG Interpretation

Negative:	<5.0 IU/mL
Grayzone:	5.0–9.9 IU/mL
Low Positive:	10–20 IU/mL
Positive:	>20 IU/mL

EA

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Reported on 08-Jan-25 01:10

SULLIVAN NICOLAIDES PATHOLOGY

Kadina-Lee Hawkins

LAB ID **526466421** DOB **23/03/1992** (**32Y** Female)

Referring Doctor Dr Renee M Verkuijl

Your ref.

Address 12 Horseshoe Bay Rd
HORSESHOE BAY QLD 4819

Phone 0488 048 301

Requested 23 Dec 2024
Collected 07 Jan 2025 09:05 am
Received 07 Jan 2025 09:05 am
Reported 08 Jan 2025 11:43 am

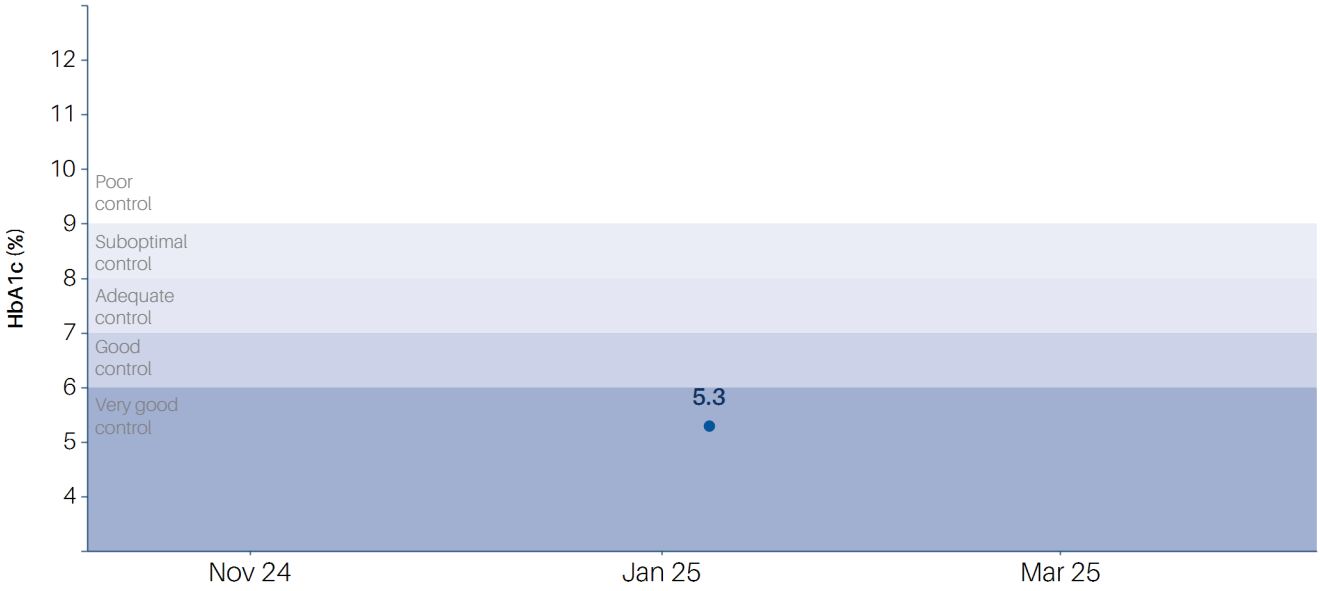
Dr Renee M Verkuijl
Nq Gynaecology Pty Ltd
Obs&gynae Su 3 Oxford Med Stes
18 Oxford St
HYDE PARK QLD 4812

V1734
334B,334D,338B,338C,345B,345C,349D/---/---/---/---

Copy to Dr Hla Ei Hnin Si (07) 4967 7700

Glycated Haemoglobin | HbA1c

Diabetes Monitoring



LEGEND

- Poor control (> 9.0)
- Suboptimal control (8.1 - 9.0)
- Adequate control (7.1 - 8.0)
- Good control (6.1 - 7.0)
- Very good control (<6.1)

- Within reference interval
- Out of reference interval

Type of primary sample: EDTA

Tel (07) 3377 8555 | Fax (07) 3377 1900
Sullivan Nicolaides Pty Ltd | ABN 38 078 202 196
24 Hurworth Street, Bowen Hills Qld 4006
A member of the **Sonic Healthcare Group**