Flowsheet Print Request

Patient: ROBINSON, INDIANA
MRN: GCH 5171983

Printed by: MENDE, TAMARA MHIM
Printed on: 18-Dec-2024 11:30 AEST

Date Range: 01-Nov-2024 11:27 AEST - 18-Jan-2025 11:27 AEST

Event Date	Event	Result	Ref. Range	Status
19-Nov-2024 8:18 AEST	Haemoglobin	120 *	(115 - 135)	
	White Cell Count	7.1 *	(5.0 - 15.0)	
	Platelet Count	274 *	(150 - 400)	
	Haematocrit	0.37 *	(0.34 - 0.40)	
	MCH	25.4 *	(24.0 - 30.0)	
	Red Cell Count	4.72 *	(3.90 - 5.30)	
	MCV	78 *	(75 - 87)	
	Neutrophils	1.81 *	(1.50 - 8.00)	
	Lymphocytes	4.16 *	(1.60 - 9.00)	
	Monocytes	0.60 *	(0.10 - 1.00)	
	Eosinophils	0.46 *	(0.10 - 1.00)	
	Basophils	0.04 *	(- < 0.10)	
	Vitamin B12	305	(133 - 680)	
	Folate Level	39.6	(> 7.0 -)	
	Sample Appearance	Clear		
	Sodium Level	139	(133 - 144)	
	Potassium Level	4.6	(3.6 - 5.3)	
	Chloride Level	109	(97 - 110)	
	Bicarbonate Level	24	(17 - 30)	
	Anion Gap	6	(4 - 13)	
	Urea	5.7	(2.5 - 6.0)	
	Creatinine	34	(- < 44)	
	Urea/Creat	169 (H)	(40 - 100)	
	Protein (Total)	63	(57 - 80)	
	Albumin Level	37	(29 - 42)	
	Globulin	26	(25 - 45)	
	Bilirubin (Total)	6	(- < 20)	
	Bilirubin (Conj.)	< 4	(- < 4)	
	Alkaline Phosphatase	263	(120 - 370)	
	Gamma-GT	11	(- < 22)	
	Alanine Transaminase	18	(5 - 25)	
	Aspartate Transaminase	16	(- < 59)	
	Sample Appearance (2)	Clear *		
	Iron Level	15 *	(9 - 22)	
	Transferrin	2.8 *	(1.8 - 3.3)	
	Transferrin Saturation	22 *	(15 - 45)	
	Ferritin	28 *	(10 - 85)	
	C-Reactive Protein	<0.5	(- < 5.0)	
	25-Hydroxy-Vitamin D	101	(50 - 150)	
	Referred Test Status	COMPLETE		
	Referred Tests	B12 SFOL		
	Referred to Path Qld Department	Chem Path		
	Anti-Tissue Transglutaminase Ab IgA	< 2 *	(- < 20)	

Referral Letter

MEDICARE CARD NUMBER
4318626068 - 4

hola

PATIENT LAST NAME	GIVEN NAME	SEX	DATE OF BIRTH	YOUR REFERENCE
Robinson	Indiana	Female	14/02/2021	

ADDRESS
32, Samuel Dr, Tallebudgera, QLD, Australia, 4228
BRETTROBBO@HUPO.COM.AU

POSTCODE

MOBILE
0419492117

TESTS REQUESTED
FBE; EUC; LFT; TSH; IRON STUDIES; VITAMIN D; B12/FOLATE; CRP; COELIAC SEROLOGY

CLINICAL NOTES
constipation
bloating

REQUESTING DOCTOR (PROVIDER NUMBER, SURNAME, INITIALS, ADDRESS)
2917168Y
Kristine Gail Tegelan

DOCTOR'S SIGNATURE AND REQUEST DATE
18/11/2024

LABORATORY USE ONLY	SPECIMEN COLLECTED	SPECIMENS RECEIVED	LLC
Date: Time:	Collector	Rec.by	

Notes to the Patient:

This form is valid for use with any service provider in Australia. Please make arrangements to forward the results to your usual General Practitioner.

Notes to the Provider:

We are an online tele-health service provider. Please forward the results/reports to the patient's usual General Practitioner along with a copy to us. Our health link id is **holahlth** and fax number is **08 6365 5184**.

MEDICARE ASSIGNMENT (Section 20A of the Health Insurance Act 1973) I offer to assign my right to benefits to the approved pathology practitioner ("APP") who will render the required pathology services and any eligible pathologist determinable service(s) established as necessary by the practitioner. In the event that I am issued with an account for those services, I also authorize that APP to submit my unpaid account to Medicare so that Medicare can assess my claim and issue me a cheque payable to the APP for the Medicare Benefit.

Privacy note: The information provided will be used to assess any Medicare benefit payable for the services rendered and to facilitate the proper administration of the government health programs and may be used to update enrolment records. Its collection is authorised by provisions of the Health Insurance act 1973. The information may be disclosed to the Department of Health and Ageing or to a person in the medical practice associated with this claim, or as authorised/ required by law.