

SNP - Reference No: 516723625 Status: F

Patient: Takara RAYMOND **Linked by:** Dr A.N. Astill
DOB: 18/06/1991 **Message:** **No Action**
Address: 4 Chester Court PETRIE 4502
Ordered by: Dr A Astill on 26/04/2024
Collected: 07/05/2024 - 9:42 AM **Notified by:** on 00/00/0000
Reported: 09/05/2024 **Message:**

Not Provided

Random Urine Iodine

| | | | | |
|--------------------|-----|---|------|--------|
| R-U-Creatinine | 8.9 | | | mmol/L |
| Urine iodine | 117 | (| >100 |) ug/L |
| Creat Corr. Iodine | 108 | (| >100 |) ug/L |

Comments on Lab Id: 516723625

Iodine levels are interpreted using the WHO criteria. However, the creatinine-corrected iodine level allows for iodine assessment in urine samples which are more dilute or concentrated than usual.

WHO classification of iodine deficiency - Urine Iodine levels:

| | | |
|-----------------------------|---------------|------------|
| Not Iodine deficient: | >100 ug/L | urine |
| Mild Iodine deficiency: | 50 - 100 ug/L | urine |
| Moderate Iodine deficiency: | 20 - 49 ug/L | urine |
| Severe Iodine deficiency: | <20 | ug/L urine |

To convert Iodine ug/L to Iodine nmol/L
 $\text{ug/L} \times 7.88 = \text{nmol/L}$

HMRC recommends supplementation of 150ug/day of Iodine to ensure that all women who are pregnant, breastfeeding or considering pregnancy have adequate iodine status. Women should not take kelp (seaweed) supplements or kelp based products because they may contain varying levels of iodine and may be contaminated with heavy metals such as mercury.

* Please note R-U-Iodine collection date: 07/05/2024 09:56

MB

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Tests Completed: Iron Studies, Zinc, R-U-Iodine, Vitamin B12,
Folate (Serum), Homocysteine, Vitamin D

Tests Pending :

Sample Pending :

SNP - Reference No: 684788055 Status: F

Patient: Takara RAYMOND **Linked by:** Dr A.N. Astill
DOB: 18/06/1991 **Message:** **No Action**
Address: 4 Chester Court PETRIE 4502
Ordered by: Dr A Astill on 27/03/2024
Copy to: Dr Margaret Chung
Collected: 27/03/2024 - 10:14 AM **Notified by:** on 00/00/0000
Reported: 28/03/2024 **Message:**

Not Provided

Anti-Mullerian Hormone (AMH)

Anti-Mullerian Hormone (Roche Plus) 1.2 L (4.1 - 58.0) pmol/L

Comments on Collection 684788055

The reference interval quoted above for the Roche AMH Plus assay is the age-related 2.5 - 97.5 percentile.

Generally accepted fertility criteria (not age-related):

<11.0 pmol/L: Suggestive of reduced ovarian reserve

>24.0 pmol/L: Indicates the possibility of

1. Polycystic Ovarian Syndrome

2. In post-menopausal females - granulosa cell tumour

3. Increased risk of Ovarian Hyperstimulation

Syndrome in a stimulated cycle

AMH is produced by the granulosa cells of developing follicles, and provides an estimate of the number of primordial follicles. Particularly in younger women, a low AMH level does not exclude the possibility of fertility.

Levels may be decreased in the latter part of the menstrual cycle and by the OC pill.

High dose biotin (Vitamin B7) can interfere in the AMH Plus assay, causing a falsely low result. High dose biotin may be used in the treatment of Multiple Sclerosis, and is present in certain vitamin supplements, particularly those for hair and nails. If the patient is taking high dose biotin supplementation (>5 mg/day) this result may not be accurate, please repeat this test after at least 3 days off biotin

SS

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Tests Completed: Iron Studies, Prolactin, AMH (Roche Plus), FBE

Tests Pending : Hb EPP

Sample Pending :