

Lab ID 394719310

DOB 20/11/1985 (39 Yrs FEMALE)

Referrer Dr Xinyu Liang

Address BAYSIDE FAMILY MEDICAL 1220 NEPEAN HWY

CHELTENHAM VIC 3192

Phone 95831630

Your ref. 131662

Address 14 SINCLAIR ST

CHELTENHAM VIC 3192

Phone 0452182644

Copy to Requested 13/03/2025

Clinical Notes -20 weeks gestation. nausea. at risk of pre eclampsia. on aspirin.? progress, Pregnant LMP 24/10/2024 EDC 31/07/2025 previously

on B12 supplements, minimal red

Collected 13/03/2025 09:02 Received 13/03/2025 09:03

Test Name	Result	Reference Interval	Units	
S Iron:	24	5 - 30 #	umol/L	
S Transferrin:	3.2	2.0 - 4.8 #	g/L	
Transferrin Saturation:	30	5 - 35 #	%	
S Ferritin:	34	30 - 150 #	ng/mL	

Comments

NOTE: Change of pregnancy-related reference intervals for ferritin effective from 12/06/2017. A ferritin concentration <30 $\mu g/L$ is considered diagnostic of iron deficiency at any stage of pregnancy. Further information is available at

https://www.rcpa.edu.au/getattachment/ff74d1a3-f19e-4691-8068-4daab34d576b/l

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Dept Supervising Pathologist: Dr Andrew Carter

MELBOURNE PATHOLOGY NATA NO.:2133

Reported on 14-Mar-25 12:54

17/03/2025 15:37:41



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Test Name	Result	Reference Interval	Units	
Holo-transcobalamin:	89	>37	pmol/L	
Total Vitamin B12:	285	200 - 700	pmol/L	

Comments

High dose biotin (>5 mg/day) may artefactually increase total Vitamin B12 and Folate results obtained by this method. If the patient is taking 5-20 mg/day of biotin, suggest withhold for at least 8 hours before blood test (if taking 300 mg/day, withhold for at least 72 hours). For clinicians requiring assistance with interpreting this report, a Chemical Pathologist or Clinical Scientist will be available during office hours on (03) 9287 7733.

HoloTC (Holo-transcobalamin) is a better marker for Vitamin B12 status than the total B12 and this result indicates a normal Vitamin B12 status. Serum total Vitamin B12 measures both inactive (Haptocorrin-bound) and active (Transcolalamin-bound) fractions. Low total Vitamin B12 can be a result of low Haptocorrin-bound fraction which is of no known clinical significance.

For clinicians requiring assistance with interpreting this report, a Chemical Pathologist or Clinical Scientist will be available during office hours on (03) 9287 7733.

Dept Supervising Pathologist: Dr Andrew Carter

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Test Name	Result	Reference Interval	Units	
S Sodium:	136	134 - 142 #	mmol/L	
S Potassium:	4.3	3.4 - 4.8 #	mmol/L	
S Chloride:	104	95 - 108 #	mmol/L	
S Bicarbonate:	23	18 - 28 #	mmol/L	
S Urea:	3.3	1.5 - 5.5 #	mmol/L	
S Creatinine:	53	30 - 70 #	umol/L	
eGFR	>90	>59		
S Bilirubin:	6	2 - 10 #	umol/L	
S Alkaline Phosphatase:	53	30 - 100 #	U/L	
S Gamma-GT:	4 L	5 - 30 #	U/L	
S ALT:	10	5 - 30 #	U/L	
S AST:	14	8 - 30 #	U/L	
S Total Protein:	57 L	60 - 75 #	g/L	
S Albumin:	27	27 - 37 #	g/L	
S Globulin:	30	23 - 41 #	g/L	
Random S Glucose AM	4.3	3.6 - 7.7	mmol/L	

Comments

eGFR is greater than 90 mL/min/1.73m2. No evidence of kidney disease.

NOTE: Change of reference interval for Alkaline Phosphatase (ALP), effective from 09/12/2024.

Dept Supervising Pathologist: Dr Andrew Carter

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S C-Reactive Protein: 1 <5 mg/L

Specimen - Serum

Dept Supervising Pathologist: Dr Andrew Carter

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Test Name	Result	Reference Interval	Units
HAEMOGLOBIN	106 L	115 - 150 #	g/L
Haematocrit	0.32	0.30 - 0.47 #	
Red cell count	3.4	3.4 - 5.4 #	x10^12/L
M.C.V.	92	80 - 102 #	fL
M.C.H.	31	27 - 34 #	pg
M.C.H.C.	333	310 - 360 #	g/L
RDW	13.4	11 - 17	
PLATELETS	264	150 - 450 #	x 10^9/L
WHITE CELL COUNT	7.1	4.2 - 17.0 #	x10^9/L
Neutrophils	5.4	2.0 - 14.0 #	x10^9/L
Lymphocytes	1.3	1.0 - 4.0 #	x10^9/L
Monocytes	0.3	0 - 1.0 #	x10^9/L
Eosinophils	0.1	0 - 0.5 #	x10^9/L
Basophils	0.0	0 - 0.3 #	x10^9/L

Dept Supervising Pathologist: Dr Linda Saravanan

MELBOURNE PATHOLOGY NATA NO.:2133

Reported on 13-Mar-25 18:01



17/03/2025 15:37:41

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