Patient Name:	STOCKI, AMANDA ANA		
Patient Address:	4 SCHOONER CT, BURLEIGH 4220		
D.O.B:	19/11/1986	**Gender:**	F
Medicare No.:	43248548661	**IHI No.:**	
Lab. Reference:	23-74476361-RT3-0	**Provider:**	QML Pathology
Addressee:	DR MARK LEE	**Referred by:**	LEE,DR. MARK
Date Requested:	15/12/2023	**Date Performed:**	16/12/2023
Date Collected:	16/12/2023	**Complete:**	Final
Specimen:			
Subject(Test Name):	REVERSE T3		
Clinical Information:			

+	Serum Reverse T3 (RT3)	938	pmol/L	(170-539)

Tests Completed:TSH, FREE T4, FREE T3, IRON STUDIES, FBC, SERUM FOLATE
Tests Completed:SERUM VITAMIN B12, SE E/LFT, SE VIT D, SE HDL, SE C-REACTIVE PROTEIN
Tests Completed:RT3, ESR
Tests Pending :