

Referrer **Dr Tendai A Muchedzi**

Address AUSSIE SCRIPTS PO BOX 421  
NORTH LAKES QLD 4509

Phone 0734917189

Lab ID **528651238**

DOB **10/07/2005 (19 Yrs FEMALE)**

Your ref.

Address 37 WATTLE ROAD  
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Phone 0460017908

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Requested 31/03/2025

Collected 01/04/2025 08:16

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## Copper

Test Name	Result	Reference Interval	Units
Copper-serum	19.0	13.0 - 25.0	umol/L

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Reported on 03-Apr-25 14:23

## Zinc

Test Name	Result	Reference Interval	Units
Zinc-plasma	11.6	9.0 - 19.0	umol/L

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Test Name	Result	Reference Interval	Units
Sodium	138	135 - 145	mmol/L
Potassium	4.4	3.5 - 5.5	mmol/L
Chloride	106	95 - 110	mmol/L
Bicarbonate	25	20 - 32	mmol/L
Anion Gap	7	<16	mmol/L
Urea	5.5	2.5 - 6.5	mmol/L
Creatinine	80	45 - 85	umol/L
eGFR	>90	>59	
Glucose fasting	4.8	3.6 - 6.0	mmol/L
Total Protein	70	64 - 81	g/L
Albumin	40	33 - 46	g/L
Globulin	30	23 - 43	g/L
Bilirubin	6	<16	umol/L
ALP	98	20 - 105	U/L
AST	18	10 - 35	U/L
ALT	13	5 - 30	U/L
GGT	15	5 - 35	U/L
Cholesterol	5.1	<5.6	mmol/L
Triglyceride	1.0	<2.1	mmol/L
Haemolysis Index	3	<40	

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## C Reactive Protein

Test Name	Result	Reference Interval	Units
CRP	<0.4	<5	mg/L

## Comments

CRP is a more sensitive early indicator of an acute phase response than is ESR. It also returns towards normal more rapidly with improvement or resolution of the disease process.

If CRP is elevated, it can indicate disease activity of an inflammatory, infective or neoplastic nature.

Artefactually decreased CRP values occur when patients are treated with antibiotics containing carboxypenicillins including Ticarcillin.

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## Random Urine Iodine

Test Name	Result	Reference Interval	Units
R-U-Creatinine	10.9		mmol/L
● Urine Iodine	<b>75 L</b>	> 100	ug/L
● Creat Corr. Iodine	<b>69 L</b>	> 100	ug/L

## Comments

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.

HX

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## Lipid Profile

Test Name	Result	Reference Interval	Units
Cholesterol	5.1	<5.6	mmol/L
Triglyceride	1.0	<2.1	mmol/L
HDL	1.29	> 1.09	mmol/L
LDL	3.4	<4.1	mmol/L
Tot Chol/HDL	4.0	<4.6	
● Non HDLC	<b>3.81 H</b>	<3.81	mmol/L

## Comments

LDL is now calculated by the Sampson equation which allows an accurate result at higher triglyceride levels.

The National Vascular Disease Prevention Alliance (NVDPA) guidelines recommend a target level of less than 2.5 mmol/L for non-HDLC.

TARGET LEVELS:

The National Vascular Disease Prevention Alliance (NVDPA) treatment target levels for high risk people (known coronary heart and other arterial disease, diabetes, chronic renal failure, Aboriginal and Torres Strait Islander peoples and familial hyperlipidaemic conditions) are:

Total Cholesterol <4.0 mmol/L  
HDL-Cholesterol >= 1.00 mmol/L  
Fasting Triglycerides <2.0 mmol/L  
Non-HDL Cholesterol <2.5 mmol/L

Increased non-HDL Cholesterol is the most significant marker for subclinical atherosclerosis (ref: Cardiology Today 2013; 3(2) : pp25-27).

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## Thyroid Function Tests

Test Name	Result	Reference Interval	Units
Free T4	10.8	9.0 - 19.0	pmol/L
Free T3	4.2	3.1 - 6.0	pmol/L
TSH	2.2	0.3 - 3.5	mIU/L

## Comments

Euthyroid.

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## Gonadal Hormones

Test Name	Result	Reference Interval	Units
FSH	3		IU/L
LH	1.0		IU/L
Oestradiol	<50		pmol/L
Progesterone	<0.5		nmol/L

Reference Limits	FSH IU/L	LH IU/L	Oestradiol pmol/L	Progesterone nmol/L
Follicular	2 - 10	2 - 7	110 - 180	<0.5 - 2.5
Mid-Cycle	7 - 24	9 - 74	550 - 1650	2.5 - 12.0
Luteal	1 - 10	1 - 9	180 - 840	12.0 - 90.0
Menopausal	20 - 140	10 - 65	<200	<2.2
OCP	<5	<9	<80	<1.5

## Comments

Falsely elevated Abbott oestradiol levels may be seen in patients on fulvestrant, mifepristone or abemaciclib.

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## Homocysteine

Test Name	Result	Reference Interval	Units
Homocysteine	6.2	<15	umol/L

## Comments

Serum homocysteine levels are markedly elevated (50 - 500 umol/L) in homocystinuria which is associated with childhood onset of ocular lens displacement, skeletal abnormalities and arterial and venous thromboses. Moderate elevations of serum homocysteine (16 - 100 umol/L) are seen in folic acid, vitamin B12 and pyridoxine deficiencies, several genetic defects, and renal failure. Elevated levels of serum homocysteine are associated with increased risk of atherosclerosis and venous thromboembolism.

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## Insulin

Test Name	Result	Reference Interval	Units
S-Insulin	10	3 - 15	mU/L

## Comments

Please note: The insulin reference interval only refers to a fasting collection  
Insulin concentration measured on Abbott Alinity. To convert to pmol/L, please multiply result by 6.  
Please note: Different insulin assays may give variable concentrations.  
Exogenous insulin use can also result in different concentrations depending on the type of insulin administered.  
(Ref. Clin Biochem. 2015 Dec;48(18):1354-7 and Clin Chem Lab Med 2014; 52(3): 355-362)

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## Dehydro Epiandrosterone Sulphate (DHEAS)

Test Name	Result	Reference Interval	Units
DHEAS	8.3	3.2 - 15.5	umol/L

## Comments

DHEAS is performed by Abbott CMIA.  
As of 29/05/23 the SNP Reference Intervals for DHEAS have been amended to align with CALIPER Intervals for children and Abbott Intervals for adults.

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## HbA1c

Test Name	Result	Reference Interval	Units
HbA1c (NGSP)	4.9	<6.5	%
HbA1c (IFCC)	30	<48	mmol/mol

## Comments

Control zones for diabetes management

	NGSP (%)	IFCC (mmol/mol)
Very good control *	<6.1	<43
Good control	6.1 - 7.0	43 - 53
Suboptimal control	7.1 - 8.0	54 - 64
Poor control	8.1 - 9.0	65 - 75
Very poor control	>9.0	>75

In patients with a significant risk of adverse outcome from hypoglycaemia (children <16 and adults >70 years), higher target values may be appropriate.

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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## Androgens

Test Name	Result	Reference Interval	Units
SHBG	45	20.0 - 110.0	nmol/L

## Comments

SHBG performed on the Abbott immunoassay.

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## Cortisol

Test Name	Result	Reference Interval	Units
Cortisol am	408	100 - 535	nmol/L

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## Thyroid Antibodies

Test Name	Result	Reference Interval	Units
Thyroid Peroxidase Ab	<1.0	<5.6	IU/mL
Thyroglobulin Ab	3.6	<4.1	IU/mL

## Comments

Thyroid Antibodies: Levels up to 100 IU/mL can occur in normal subjects (5% of males, 15% of females – mainly elderly) and may also occur in non-thyroid autoimmune and chromosomal disorders.

Raised levels may occur in prodromal hypothyroidism before TSH elevations occur and may also be seen in thyrotoxicosis, thyroiditis, non-toxic goitre and thyroid cancer. The levels seen in Graves' Disease and Hashimoto's can vary from normal up to >1000, but are usually elevated.

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## Reverse T3

Test Name	Result	Reference Interval	Units
Reverse T3	306	140 - 540	pmol/L

VK

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25-OH Vitamin D	123	nmol/L	50 - 150
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### Comments

Adequate Vitamin D.  
Vitamin D measured by Diasorin Liaison.

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## Haematinics

Test Name	Result	Reference Interval	Units
Iron	26	5 - 30	umol/L
Transferrin	2.8	1.9 - 3.1	g/L
TIBC	70	47 - 77	umol/L
Saturation	37	20 - 45	%
Ferritin	41	30 - 250	ug/L
CRP	<0.4	<5	mg/L
Active B12	82	>35	pmol/L
Folate (Serum)	26	>7.0	nmol/L

## Comments

Normal Iron Status.

Active B12 (holotranscobalamin) is the biologically active fraction of total serum B12, and should be a superior indicator of B12 status. **Holotranscobalamin** level indicates Vitamin B12 deficiency unlikely. Up to 15% of patients will have a deficiency of carrier protein (haptocorrin) that does not appear to result in a clinically recognisable Vitamin B12 deficiency despite low total Vitamin B12 levels.

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## Haematology

Test Name	Result	Reference Interval	Units
<b>Haemoglobin</b>	133	115 - 165	g/L
Haematocrit	0.43	0.35 - 0.47	
Red cell count	4.5	3.9 - 5.6	10 <sup>12</sup> /L
MCV	95	80 - 100	fL
<b>White cell count</b>	7.9	3.5 - 12.0	10 <sup>9</sup> /L
Neutrophils	4.95	1.5 - 8.0	10 <sup>9</sup> /L
Lymphocytes	2.27	1.0 - 4.0	10 <sup>9</sup> /L
Monocytes	0.50	0 - 0.9	10 <sup>9</sup> /L
Eosinophils	0.12	0 - 0.6	10 <sup>9</sup> /L
Basophils	0.04	0 - 0.15	10 <sup>9</sup> /L
<b>Platelets</b>	261	150 - 400	10 <sup>9</sup> /L

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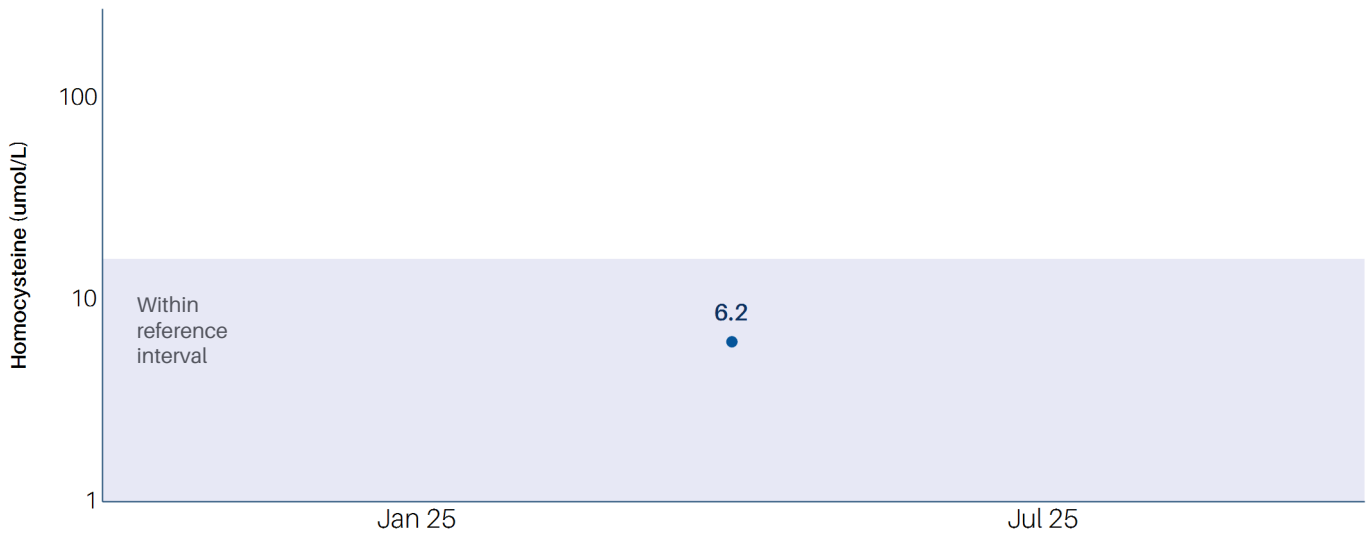
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M25723  
85139

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## Homocysteine



### LEGEND

- Reference interval ( <15 )
- Within reference interval
- Out of reference interval



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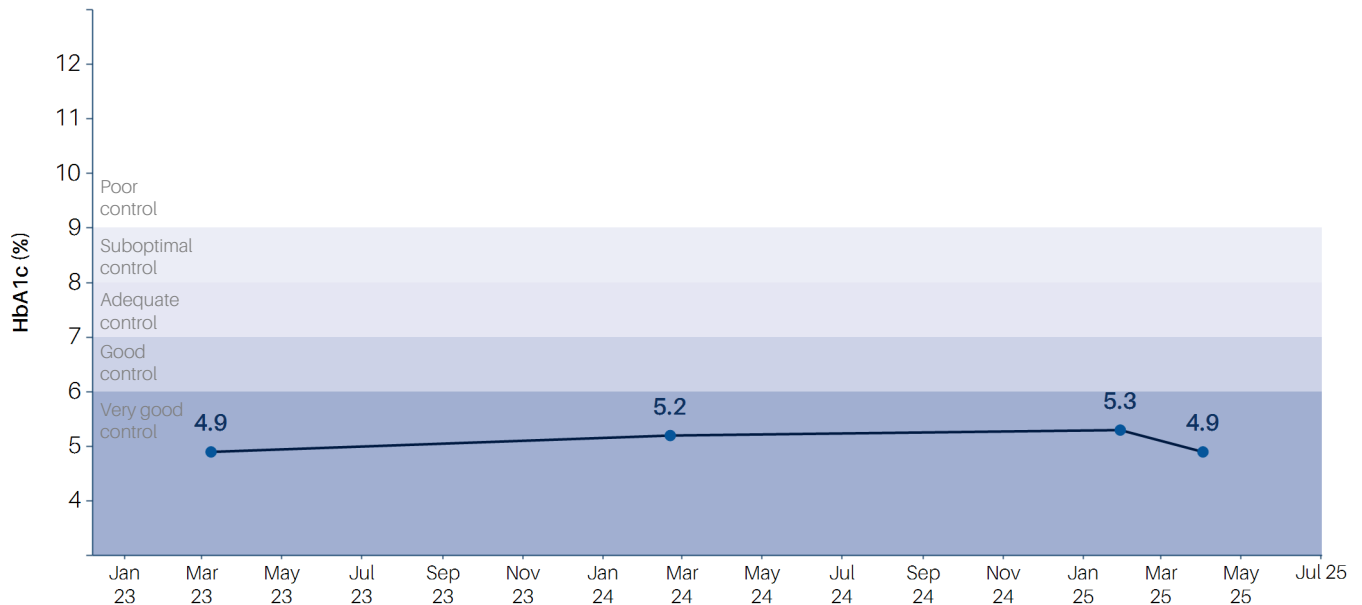
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## Glycated Haemoglobin | HbA1c

### 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

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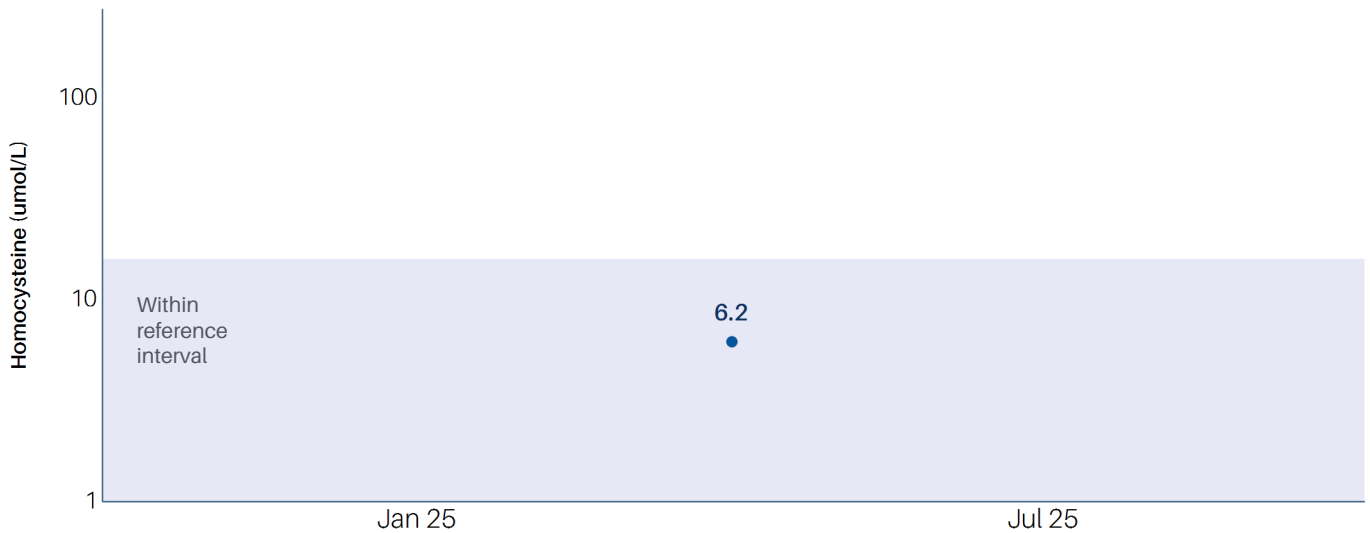
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## Homocysteine



### LEGEND

- Reference interval (<15)
- Within reference interval
- Out of reference interval