



Kalamunda 37 Elizabeth Street, Kalamunda WA 6076 | Forrestfield 11 Salix Way, Forrestfield WA 6058
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MCDONALD, EMILY GRACE
56 AMETHYST CRESCENT, MOUNT RICHON. 6112
Phone: 0448485899
Birthdate: 14/01/1994 Sex: F Medicare Number: 62202026661
Your Reference: 00661503 Lab Reference: 25-27748562-BFM-0
Laboratory: AUSTRALIAN CLINICAL LABS
Addressee: DR MADELINE NAPIER Referred by: DR MADELINE ANNE NAPIER
Copy to:
DR MADELINE ANNE NAPIER

Name of Test: B12, FOLATE (SERUM/RBC)
Requested: 14/03/2025 Collected: 14/03/2025 Reported: 14/03/2025 21:37

CLINICAL NOTES: T1DM, indoor minimal sunlight, iron deficiency ,on

BIOCHEMISTRY

VITAMIN B12 AND FOLATE

SPECIMEN: SERUM/BLOOD

Date: 14/03/25 16/10/23
Time: 12:05 15:55
Lab Number: 27748562 82387809

Vitamin B12	312	184		pmol/L
Active B12	115	50	(> 30)	pmol/L
Folate	27.3			nmol/L

27748562 Normal B12 and folate results.

RANGES	B12	Serum Folate
Normal	> 180	> 10.0
Equivocal	150 - 180	5.0 - 10.0
Deficient	< 150	< 5.0

TESTS COMPLETED: BFO, AVB, FBE, IS, ECU, LFT, GHB, OHD, TFT, FT4,
INCOMPLETE TESTS: GLI, TTG,

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Phone: 0448485899
Birthdate: 14/01/1994 Sex: F Medicare Number: 62202026661
Your Reference: 00661503 Lab Reference: 25-27748562-TMA-0
Laboratory: AUSTRALIAN CLINICAL LABS
Addressee: DR MADELINE NAPIER Referred by: DR MADELINE ANNE NAPIER
Copy to:
DR MADELINE ANNE NAPIER

Name of Test: TFT MASTER PANEL
Requested: 14/03/2025 Collected: 14/03/2025 Reported: 14/03/2025 21:27

CLINICAL NOTES: T1DM, indoor minimal sunlight, iron deficiency ,on

ENDOCRINOLOGY

THYROID FUNCTION TEST

SPECIMEN: SERUM

Date:	14/03/25	12/09/24	16/10/23	
Coll. Time:	12:05	15:38	15:55	
Lab Number:	27748562	22807074	82387809	

Free T4	17.1	16.7	14.5	(9.0 - 25.0) pmol/L
TSH	3.42 *	4.68 *	5.07	(0.40 - 4.00) mIU/L

27748562 On thyroxine. Consistent with adequate replacement.

TESTS COMPLETED: FBE, IS, ECU, LFT, GHB, OHD, TFT, FT4,
INCOMPLETE TESTS: BFO, AVB, GLI, TTG,

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Phone: 0448485899
Birthdate: 14/01/1994 Sex: F Medicare Number: 62202026661
Your Reference: 00661503 Lab Reference: 25-27748562-OHD-0
Laboratory: AUSTRALIAN CLINICAL LABS
Addressee: DR MADELINE NAPIER Referred by: DR MADELINE ANNE NAPIER
Copy to: DR MADELINE ANNE NAPIER

Name of Test: VITAMIN D
Requested: 14/03/2025 Collected: 14/03/2025 Reported: 14/03/2025 20:50

CLINICAL NOTES: T1DM, indoor minimal sunlight, iron deficiency ,on

BIOCHEMISTRY

VITAMIN D

SPECIMEN: SERUM

Date	Time	Lab No.	25-hydroxy Vitamin D	
14/03/25	12:05	27748562	54	(50 - 200) nmol/L
16/10/23	15:55	82387809	* 41	

27748562 Vitamin D is within normal limits.

Interpretation:
Vitamin D deficiency <50 nmol/L
Severe deficiency <20 nmol/L

COMMENT: Vitamin D sufficiency is defined as greater than or equal to 50 nmol/L at the end of winter (level may need to be 10-20 nmol/L higher at the end of summer).

Reference: Position Statement. Vitamin D and Health in Adults in Australia and New Zealand. MJA, 196(11): 686-687, 2012.

TESTS COMPLETED: FBE, IS, ECU, LFT, GHB, OHD,
INCOMPLETE TESTS: BFO, AVB, GLI, TTG, TFT, FT4,

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Phone: 0448485899
Birthdate: 14/01/1994 Sex: F Medicare Number: 62202026661
Your Reference: 00661503 Lab Reference: 25-27748562-MBI-0
Laboratory: AUSTRALIAN CLINICAL LABS
Addressee: DR MADELINE NAPIER Referred by: DR MADELINE ANNE NAPIER
Copy to:

DR MADELINE ANNE NAPIER

Name of Test: MULTIPLE BIOCHEM ANALYSIS

Requested: 14/03/2025 Collected: 14/03/2025 Reported: 14/03/2025 20:50

CLINICAL NOTES: T1DM, indoor minimal sunlight, iron deficiency, on

GENERAL CHEMISTRY

SPECIMEN: SERUM

Date:	14/03/25	12/09/24	16/10/23		
Coll. Time:	12:05	15:38	15:55		
Lab Number:	27748562	22807074	82387809		
Sodium	138	138	141	(135 - 145)	mmol/L
Potassium	4.8	4.1	4.3	(3.5 - 5.2)	mmol/L
Chloride	105	103	104	(95 - 110)	mmol/L
Bicarbonate	28	*	33	(22 - 32)	mmol/L
Anion Gap	10	*	6	(9 - 19)	mmol/L
Urea	4.7	5.0	4.3	(3.0 - 7.0)	mmol/L
Creatinine	71	75	73	(45 - 90)	umol/L
eGFR	> 90	> 90	> 90	(> 59) mL/min/1.73m2	
T.Protein	71	77	73	(60 - 80)	g/L
Albumin	43	45	46	(35 - 50)	g/L
Globulin	28	32	27	(23 - 39)	g/L
ALP	72	86	95	(30 - 110)	U/L
Bilirubin	8	8	8	(3 - 20)	umol/L
GGT	< 7	10	10	(5 - 35)	U/L
AST	20	15	19	(5 - 30)	U/L
ALT	17	14	17	(5 - 35)	U/L

27748562 Electrolytes, liver and renal function within normal limits.

TESTS COMPLETED: FBE, IS, ECU, LFT, GHB, OHD,
INCOMPLETE TESTS: BFO, AVB, GLI, TTG, TFT, FT4,

MCDONALD, EMILY GRACE

56 AMETHYST CRESCENT, MOUNT RICHON. 6112

Phone: 0448485899

Birthdate: 14/01/1994 Sex: F Medicare Number: 62202026661

Your Reference: 00661503 Lab Reference: 25-27748562-ISM-0

Laboratory: AUSTRALIAN CLINICAL LABS

Addressee: DR MADELINE NAPIER Referred by: DR MADELINE ANNE NAPIER

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Name of Test: IRON MASTER

Requested: 14/03/2025 Collected: 14/03/2025 Reported: 14/03/2025 20:50

CLINICAL NOTES: T1DM, indoor minimal sunlight, iron deficiency, on

BIOCHEMISTRY

IRON STUDIES

SPECIMEN: SERUM

Date:	14/03/25	16/10/23		
Coll. Time:	12:05	15:55		
Lab Number:	27748562	82387809		
Iron	18.4	16.6	(10.0 - 30.0)	umol/L
Transferrin	2.52	2.62	(2.10 - 3.80)	g/L
Saturation	29	25	(15 - 45)	%
Ferritin	41	58	(30 - 200)	ug/L

27748562 Iron studies are within normal limits.

TESTS COMPLETED: FBE, IS, ECU, LFT, GHB, OHD,

INCOMPLETE TESTS: BFO, AVB, GLI, TTG, TFT, FT4,

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Phone: 0448485899
Birthdate: 14/01/1994 Sex: F Medicare Number: 62202026661
Your Reference: 00661503 Lab Reference: 25-27748562-GHB-0
Laboratory: AUSTRALIAN CLINICAL LABS
Addressee: DR MADELINE NAPIER Referred by: DR MADELINE ANNE NAPIER
Copy to:
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Name of Test: GLYCATED HB
Requested: 14/03/2025 Collected: 14/03/2025 Reported: 14/03/2025 20:21

CLINICAL NOTES: T1DM, indoor minimal sulight, iron deficiency ,on

BIOCHEMISTRY

HAEMOGLOBIN A1c

SPECIMEN: WHOLE BLOOD

Coll. Date: 14/03/25 16/10/23
Coll. Time: 12:05 15:55
Lab Number: 27748562 82387809

IFCC HbA1c	60	58	mmol/mol
DCCT HbA1c	** 7.6 **	7.5	%
Av. Glucose (eAG)	9.5	9.3	mmol/L

27748562 History of diabetes. The Australian Diabetes Society (ADS) recommend individualised HbA1c targets depending on the patient's age, comorbidities and any hypoglycaemia (ADS position statement 2009). HbA1c remains above 53 mmol/mol (7%) target.

RECOMMENDATIONS

Consider review of diabetes management, if appropriate. Suggest repeat HbA1c in 3 months. Also suggest urine microalbumin and fasting lipids.

Please note that Hb A1c results may be influenced by conditions affecting red cells or their survival times such as haemoglobinopathies, anaemias, recent transfusion or blood loss.

tm

TESTS COMPLETED: FBE, GHB,
INCOMPLETE TESTS: BFO, GLI, TTG, IS, ECU, LFT, OHD, TFT,

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Phone: 0448485899
Birthdate: 14/01/1994 Sex: F Medicare Number: 62202026661
Your Reference: 00661503 Lab Reference: 25-27748562-HAE-0
Laboratory: AUSTRALIAN CLINICAL LABS
Addressee: DR MADELINE NAPIER Referred by: DR MADELINE ANNE NAPIER
Copy to:
DR MADELINE ANNE NAPIER

Name of Test: HAEMATOLOGY GENERAL
Requested: 14/03/2025 Collected: 14/03/2025 Reported: 14/03/2025 19:26

CLINICAL NOTES: T1DM, indoor minimal sulight, iron deficiency ,on

HAEMATOLOGY

SPECIMEN: WHOLE BLOOD

Date: 14/03/25 12/09/24 16/10/23 (#Refers to current
 Coll. Time: 12:05 15:38 15:55 result only)
 Lab Number: #27748562 22807074 82387809

HAEMOGLOBIN	137	134	131 (115 - 165)	g/L
RBC	4.57	4.61	4.43 (3.80 - 5.50)	x10 ¹² /L
HCT	0.41	0.42	0.41 (0.35 - 0.47)	
MCV	91	91	92 (80 - 99)	fL
MCH	30.0	29.1	29.6 (27.0 - 34.0)	pg
MCHC	331	321	321 (310 - 360)	g/L
RDW	12.0	12.2	12.4 (11.0 - 15.0)	%
WCC	6.9	7.0	7.0 (4.0 - 11.0)	x10 ⁹ /L
Neutrophils	4.1	4.1	3.8 (2.0 - 8.0)	x10 ⁹ /L
Lymphocytes	2.0	2.2	2.5 (1.0 - 4.0)	x10 ⁹ /L
Monocytes	0.6	0.6	0.5 (< 1.1)	x10 ⁹ /L
Eosinophils	0.1	< 0.1	0.1 (< 0.7)	x10 ⁹ /L
Basophils	< 0.1	0.0	< 0.1 (< 0.3)	x10 ⁹ /L
PLATELETS	251	274	265 (150 - 450)	x10 ⁹ /L
MPV	11.2	* 11.3	* 11.4 (7.1 - 11.2)	fL
ESR		1	(< 21)	mm/h

#27748562 : The red cell, white cell and platelet parameters are within normal limits.

TESTS COMPLETED: FBE,
 INCOMPLETE TESTS: BFO, GLI, TTG, IS, ECU, LFT, GHB, OHD, TFT,

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 Your Reference: 00661503 Lab Reference: 25-27748562-CD-0
 Laboratory: AUSTRALIAN CLINICAL LABS
 Addressee: DR MADELINE NAPIER Referred by: DR MADELINE ANNE NAPIER
 Copy to:
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Name of Test: COELIAC DISEASE ANTIBODIE
 Requested: 14/03/2025 Collected: 14/03/2025 Reported: 17/03/2025 18:42

CLINICAL NOTES: T1DM, indoor minimal sulight, iron deficiency ,on

IMMUNOLOGY

SPECIMEN: SERUM

COELIAC DISEASE ANTIBODIES

REFERENCE RANGES

			Negative	Equiv.	Positive
Deamidated Gliadin IgG	< 1	EliA U/ml	(< 7)	(7-10)	(> 10)
Tissue Transglutaminase IgA	< 1	EliA U/ml	(< 7)	(7-10)	(> 10)

INTERPRETATION

Coeliac disease is unlikely provided the patient has not been on a gluten free diet.

RECOMMENDATIONS

If clinical suspicion remains high, tests on a fresh blood sample for HLA DQ2/DQ8 are recommended. Negative DQ2/DQ8 virtually excludes coeliac disease. If DQ2/DQ8 positive, small bowel biopsy may be required.

TESTS COMPLETED: BFO, AVB, GLI, TTG, FBE, IS, ECU, LFT, GHB, OHD, TFT, FT4,

If you have any queries relating to the authenticity of this Medical Certificate please contact Mead Medical.