



Referrer Dr Karl Baumgart

Address PARKWAY SAN CLINIC SUITE 308 LEVEL 3 172 FOX VALLEY
ROAD
WAHROONGA NSW 2076

Phone 0294399360

Your ref. GTU40675_A8491

Address 10/91 FOAMCREST AVE
NEWPORT BEACH NSW 2106

Phone 0405569345

Copy to Dr George Lau (0280110678)
Dr Elizabeth Rayment (0299978222)

Requested 15/06/2022
Collected 15/06/2022 13:48 AEDT
Received 15/06/2022 17:38 AEDT

Rheumatoid Factor (Quantitative)
(Architect Method)

Test Name	Result	Units	Reference Interval
Rheumatoid Factor (RF)	<6	IU/mL	<16

NATA ACCREDITATION NO 2178

Reported on 15-06-2022 23:48

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Biochemistry

Test Name	Result	Units	Reference Interval
Status	Random		
Sodium	143	mmol/L	135 - 145
Potassium	4.0	mmol/L	3.5 - 5.5
Chloride	105	mmol/L	95 - 110
Bicarbonate	30	mmol/L	20 - 32
Urea	4.5	mmol/L	2.5 - 6.5
Creatinine	65	umol/L	45 - 85
eGFR	>90	mL/min/1.73m2	>59
Urate	0.23	mmol/L	0.15 - 0.40
Calcium	2.37	mmol/L	2.15 - 2.55
Corrected Calcium	2.27	mmol/L	2.15 - 2.55
Phosphate	1.43	mmol/L	0.8 - 1.5
Total Bilirubin	8	umol/L	3 - 15
Alk Phos	36	U/L	20 - 105
Gamma GT	18	U/L	5 - 35
LDH	166	U/L	120 - 250
AST	17	U/L	10 - 35
ALT	26	U/L	5 - 30
Total Protein	72	g/L	68 - 85
Albumin	48	g/L	37 - 48
Globulin	24	g/L	23 - 39
Cholesterol	5.2	mmol/L	3.9 - 5.5
Triglycerides	0.8	mmol/L	0.5 - 1.7
● CK	26 L	U/L	30 - 150

Comments

eGFR (mL/min/1.73m2) calculated by CKD-EPI formula - see www.kidney.org.au

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Reported on 15-06-2022 18:12



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Iron Studies

Test Name	Result	Units	Reference Interval
Iron	14.1	umol/L	5.0 - 30.0
Transferrin	2.3	g/L	2.0 - 3.6
TIBC (Calculated)	52	umol/L	46 - 77
Saturation	27	%	10 - 45
Ferritin	64	ug/L	15 - 200

Comments

Laboratory records show that the patient is heterozygous for the C282Y mutation of the haemochromatosis gene. This genotype is not associated with a high risk of iron overload.

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Reported on 15-06-2022 18:26

Angiotensin Converting Enzyme

ACE 15 U/L 8 - 70

Comments

Note: new reference ranges for ACE values and changed method from 19/01/2021. Reference intervals are age dependent. Certain genotypes (DI and DD) may have higher values (up to 75 and 90) in the absence of disease. At present ACE genotyping is not available. A rising ACE level may indicate increasing disease activity, even within the normal range. ACE inhibitor therapy greatly reduces detectable ACE levels since this is a functional assay. Elevated ACE levels occur in up to 80% of persons with sarcoid in whom they are higher compared to other granulomatous diseases. Low level increases may occur with some tumours, chronic liver disease and pulmonary embolic disease.

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Reported on 16-06-2022 04:46

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C Reactive Protein (High Sens)

Test Name	Result	Units	Reference Interval
CRP	<0.4	mg/L	0.0 - 5.0

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Reported on 15-06-2022 18:12

25-OH Vitamin D

Test Name	Result	Units	Reference Interval
Vitamin D	106	nmol/L	50 - 140

Comments

According to the Position Statement 'Vitamin D and health in adults in Australia and New Zealand' MJA, 196(11):686-687, 2012, Vitamin D status is defined as:

Mild Deficiency	30	-	49 nmol/L
Moderate Deficiency	12.5	-	29 nmol/L
Severe Deficiency	<12.5		nmol/L

Vitamin D adequacy can be defined as a level >49 nmol/L at the end of winter - the level may need to be 10 - 20 nmol/L higher at the end of summer, to allow for seasonal decrease.
From 1st November 2014, Medicare rebates for vitamin D testing will apply to patients at risk of Vitamin D deficiency such as chronic lack of sun exposure.

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Glucose

Test Name	Result	Units	Reference Interval
Glucose Random	4.1	mmol/L	3.6 - 7.7

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Reported on 15-06-2022 18:11

Active B12

Test Name	Result	Units	Reference Interval
Active B12	94	pmol/L	>35

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Reported on 16-06-2022 00:53

Lupus Anticoagulant

DRVVT Screen	35	s	32 - 46
APTT Screen	26	s	22 - 34

Comments

Lupus anticoagulant NOT DETECTED.

Results should be interpreted in a clinical context and with other anti-phospholipid antibodies (anti-cardiolipin and anti-beta2-glycoprotein I). If the patient is on anticoagulant therapy, recommend repeat testing following the cessation of any anticoagulants as these may interfere with lupus anticoagulant assays.

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ESR

ESR 6 mm/h 1 - 19

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Reported on 15-06-2022 18:45

Vitamin B12 and Folate

Test Name	Result	Units	Reference Interval
Serum Folate	20.8	nmol/L	>7.0

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Reported on 16-06-2022 00:15



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Haematology

Test Name	Result	Units	Reference Interval
Haemoglobin	132	g/L	119 - 160
Red cell count	4.1	$\times 10^{12}/L$	3.8 - 5.8
Haematocrit	0.40		0.35 - 0.48
MCV	97	fL	80 - 100
MCH	32.0	pg	27.0 - 32.0
MCHC	330	g/L	310 - 360
RDW	12.6		10.0 - 15.0
White cell count	7.2	$\times 10^9/L$	4.0 - 11.0
Neutrophils	4.65	$\times 10^9/L$	2.0 - 7.5
Lymphocytes	1.97	$\times 10^9/L$	1.0 - 4.0
Monocytes	0.45	$\times 10^9/L$	0.0 - 1.0
Eosinophils	0.05	$\times 10^9/L$	0.0 - 0.5
Basophils	0.05	$\times 10^9/L$	0.0 - 0.3
NRBC	<1.0	/100 WBC	<1
Platelets	342	$\times 10^9/L$	150 - 450

Comments

Red Cell Morphology: Poikilocytosis +, Elliptocytes +

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Antinuclear Antibodies

ANA Not Detected

Comments

(Screened at a titre of 80)

PLEASE NOTE: As of 18/10/2021, ANA testing will be reported using Inova Hep2 slides. Occasional patients may react differently with this change in test system.

NATA ACCREDITATION NO 2178

Reported on 16-06-2022 21:29

Anti-Saccharomyces Cerevisiae Antibody

ASCA IgG Not Detected
ASCA IgA Not Detected

Comments

Both IgA and IgG antibodies to Saccharomyces cerevisiae have been strongly associated with Crohn's disease and do not commonly occur with ulcerative colitis or in clinically normal persons. The presence of ASCA may increase the likelihood of Crohn's disease.

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Reported on 20-06-2022 11:37



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Antibodies to Extractable Nuclear Antigen (ENA)

SS-A 60	Not detected
SS-B	Not detected
Ro-52	Not detected
Scl-70	Not detected
Jo-1	Not detected
Cenp-B	Not detected
Sm	Not detected
RNP	Not detected
Ribo-P	Not detected

NATA ACCREDITATION NO 2178

Reported on 16-06-2022 19:30

Coeliac Serology

Deamidated Gliadin IgA	2	U/mL	<15
Deamidated Gliadin IgG	<1	U/mL	<15
Tissue Transglutaminase IgA	<1	U/mL	<15
Tissue Transglutaminase IgG	<1	U/mL	<15

Comments

Performed on Bioplex 2200. This detects selective IgA deficiency (<0.07 g/L), an additional comment will be attached if detected.

In persons eating wheat (most days, last six weeks), negative serology effectively excludes coeliac disease/dermatitis herpetiformis. One elevated marker may occur without disease whereas two or more elevated (at four times the cutoff level) markers strongly predict coeliac disease which can be confirmed by biopsy.

Serology becomes negative on gluten free diet (6-9 months for IgA-deam gliadin and IgA-tTG, 9-15 months for IgG-deam gliadin and IgG-tTG). Without compliance, coeliac markers rise. Coeliac tissue-typing excludes coeliac disease risk by excluding HLA-DQ2 or DQ8 in persons with discordant serology or discordant serology-biopsy findings.

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Reported on 16-06-2022 19:32



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Immunoglobulins

Immunoglobulin G	9.09	g/L	6.20 - 14.40
Immunoglobulin A	2.02	g/L	0.60 - 3.96
Immunoglobulin M	1.84	g/L	0.48 - 3.04

NATA ACCREDITATION NO 2178

Reported on 16-06-2022 03:53

Complement

Complement C3	0.98	g/L	0.78 - 1.82
Complement C4	0.19	g/L	0.13 - 0.52

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Reported on 16-06-2022 03:53

Immunoglobulin E - IgE (Phadia ImmunoCAP)

Immunoglobulin E (Total IgE)	4	IU/mL	<100
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Reported on 17-06-2022 13:42

IgG Subclasses

Immunoglobulin G	9.09	g/L	6.20 - 14.40
Immunoglobulin G1 (IgG1)	5.61	g/L	3.82 - 9.29
Immunoglobulin G2 (IgG2)	2.69	g/L	2.42 - 7.00
Immunoglobulin G3 (IgG3)	0.444	g/L	0.218 - 1.761
Immunoglobulin G4 (IgG4)	0.349	g/L	0.039 - 0.864

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Reported on 17-06-2022 14:28



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Serum Protein Electrophoresis (EPG)

Total Protein	72	g/L	68 - 85
Albumin	47	g/L	37 - 50
Total Globulin	25	g/L	22 - 38
Alpha 1 Globulin	2.0	g/L	1.0 - 3.0
Alpha 2 Globulin	7.4	g/L	4.0 - 10.0
Beta Globulin	7.7	g/L	5.0 - 11.0
Gamma Globulin	8.2	g/L	7.0 - 16.0

Comments

Normal electrophoretic pattern.

NATA ACCREDITATION NO 2178

Reported on 17-06-2022 14:00

Anti-Neutrophil Cytoplasmic Antibodies

ANCA Screen Negative

Comments

PLEASE NOTE: As of 18/10/2021, ANCA testing will be reported using Inova slides. Occasional patients may react differently with this change in test system.

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Reported on 17-06-2022 12:08



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Cardiolipin / Beta2Glycoprotein IgG Abs

Cardiolipin IgG Abs	<1.6	GPL - U/mL	<20
Beta2Glycoprotein 1 IgG Abs	<1.4	U/mL	<20
Cardiolipin IgM Abs	6.1	MPL - U/mL	<20

Comments

Interpretation	(U/mL)
Negative	0-19
Low Positive	20-39
Moderate Positive	40-79
High Positive	>80

Most patients with Anti-Phospholipid Syndrome (thrombosis, recurrent foetal loss, thrombocytopenia and phospholipid Abs) have moderate to high IgG cardiolipin levels; IgM Abs are less specific. B2GP1 IgG Abs are more specific and less sensitive. The lupus anticoagulant test may detect other phospholipid Abs. Diagnosis of APS requires persistence of phospholipid Abs for more than 12 weeks confirmed by repeat testing.

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Allergy Specific IgE	IgE (kU/L)	Class	
Candida albicans	0.00	0	Negative
Trichophyton rubrum	0.00	0	Negative
Malassezia spp.	0.00	0	Negative
Wheat	0.01	0	Negative

Comments

Values between 0.1 and 0.35 kU/L may be found in early, low level or resolving sensitisation. Not all sensitisations may result in clinical symptoms. The greater the sensitisation, the more likelihood of clinical significance. A higher specific IgE index (amount of allergen specific IgE/total IgE) may indicate greater clinical significance.

From November 2012, the laboratory will only accept Medicare reimbursement for requests of upto four single allergens or two mixes or two single allergens and one mix. Requests for more will be billed at \$25 and then \$5 per single allergen, \$10 per mixed allergen and \$40 per individual allergen component.

NATA ACCREDITATION NO 2178

Reported on 17-06-2022 13:42

Herpes Simplex Virus Serology

Herpes Simplex 1 IgG	Detected
Herpes Simplex 2 IgG	Not Detected

Comments

These results are suggestive of infection with HSV-1.
If lesions are still present or if they recur confirmation of the diagnosis by PCR is recommended as serology can be unreliable.

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Reported on 16-06-2022 04:51