

DAWES, PAULA
6 BALNAVES PLACE, MITCHELTON. 4053
Phone: 0427299880
Birthdate: 24/11/1955 Sex: F Medicare Number: 24400836171
Your Reference: Lab Reference: 25-5360551-CRP-0
Laboratory: Mater Laboratory Services
Addressee: Dr ELIZABETH MOLONEY Referred by: Dr ELIZABETH MOLONEY
Name of Test: C-REACTIVE PROTEIN
Requested: 16/04/2025 Collected: 22/04/2025 Reported: 22/04/2025
16:14

C-REACTIVE PROTEIN
Request Number: 25-5360551 Specimen Type: Serum
CUMULATIVE REPORT

	Latest Results		
	14:03	09:15	Reference Units
	21-Feb-25	22-Apr-25	
C-REACTIVE PROTEIN	5239642	5360551	
CRP	6.5 H	4.0	(< 6.0) mg/L

DAWES, PAULA ANNE
6 BALNAVES PL, MITCHELTON. 4053
Phone: 04 27299880
Birthdate: 24/11/1955 Sex: F Medicare Number: 24400836171
Your Reference: Lab Reference: 25-66731560-HPF-0
Laboratory: QML Pathology
Addressee: DR ELIZABETH J MOLONEY Referred by: DR ELIZABETH J MOLONEY

Name of Test: H. PYLORI FAECAL ANTIGEN
Requested: 16/04/2025 Collected: 17/04/2025 Reported: 22/04/2025
17:48

HELICOBACTER PYLORI FAECAL ANTIGEN

Helicobacter pylori Faecal Antigen: Negative

Antibiotics, proton pump inhibitors and bismuth preparations suppress H. pylori and their ingestion may cause a false-negative results. Therefore H. pylori antigen testing should be performed 2 weeks after cessation of proton pump inhibitors and bismuth preparations and 4 weeks after cessation of antibiotics.

Tests Completed:FAECES OCP & M/C/S
Tests Pending :

DAWES, PAULA ANNE
6 BALNAVES PL, MITCHELTON. 4053
Phone: 04 27299880
Birthdate: 24/11/1955 Sex: F Medicare Number: 24400836171
Your Reference: Lab Reference: 25-66731560-FMV-0
Laboratory: QML Pathology
Addressee: DR ELIZABETH J MOLONEY Referred by: DR ELIZABETH J MOLONEY

Name of Test: FAECAL MUTLIPLIX VIRAL
Requested: 16/04/2025 Collected: 17/04/2025 Reported: 23/04/2025
14:29

FAECAL MULTIPLEX VIRAL PCR

Specimen Type: Faeces

Norovirus genotype 1 RNA	Not Detected
Norovirus genotype 2 RNA	Not Detected
Rotavirus RNA	Not Detected
Adenovirus DNA	Not Detected
Sapovirus RNA	Not Detected
Astrovirus RNA	Not Detected

Tests Completed:FAECES OCP & M/C/S
Tests Pending :

DAWES, PAULA ANNE
6 BALNAVES PL, MITCHELTON. 4053
Phone: 04 27299880
Birthdate: 24/11/1955 Sex: F Medicare Number: 24400836171
Your Reference: Lab Reference: 25-66731560-FMZ-0
Laboratory: QML Pathology
Addressee: DR ELIZABETH J MOLONEY Referred by: DR ELIZABETH J MOLONEY

Name of Test: FAECES OCP AND M/C/S
Requested: 16/04/2025 Collected: 17/04/2025 Reported: 20/04/2025
08:12

FAECES FOR EXAMINATION
APPEARANCE: Semi-formed
MICROSCOPY
No ova, cysts or parasites seen

ANTIGEN ASSAY
Giardia Not Detected
Cryptosporidium Not Detected

CULTURE
No bacterial pathogens isolated

Tests Completed: FAECES OCP & M/C/S
Tests Pending :

DAWES, PAULA
6 BALNAVES PLACE, MITCHELTON. 4053
Phone: 0427299880
Birthdate: 24/11/1955 Sex: F Medicare Number: 24400836171
Your Reference: Lab Reference: 25-5360551-A1C-0
Laboratory: Mater Laboratory Services
Addressee: Dr ELIZABETH MOLONEY Referred by: Dr ELIZABETH MOLONEY

Name of Test: HBA1C
Requested: 16/04/2025 Collected: 22/04/2025 Reported: 22/04/2025
17:20

HBA1C

Request Number: 25-5360551 Specimen Type: Whole blood

Instrument performed on: Abbott Alinity CI

CUMULATIVE REPORT

Latest Results

	09:15	Reference	Units
	22-Apr-25		
HBA1C	5360551		
HbA1c (NGSP)	5.8	(< 6.5)	%
HbA1c (IFCC)	40	(< 48)	mmol/mol

22-Apr-25 5360551 The WHO recommends an HbA1c of 48 mmol/mol (6.5%) as the cut-off point for diagnosing type 2 diabetes in non-pregnant adults. The range 42-47 mmol/mol (6.0-6.4%) is considered to be "high risk".

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6 BALNAVES PLACE, MITCHELTON. 4053
Phone: 0427299880
Birthdate: 24/11/1955 Sex: F Medicare Number: 24400836171
Your Reference: Lab Reference: 25-5360551-FES-0
Laboratory: Mater Laboratory Services
Addressee: Dr ELIZABETH MOLONEY Referred by: Dr ELIZABETH MOLONEY

Name of Test: IRON STUDIES
Requested: 16/04/2025 Collected: 22/04/2025 Reported: 22/04/2025
17:55

IRON STUDIES

Request Number: 25-5360551 Specimen Type: Serum
CUMULATIVE REPORT

	Latest Results		
	09:15	Reference	Units
	22-Apr-25		
IRON STUDIES	5360551		
Iron	17	(9-30)	umol/L
Transferrin	2.79	(2.00-3.60)	g/L
Transferrin Saturation	24	(15-45)	%
Ferritin	31	(20-250)	ug/L

22-Apr-25

5360551 Specimen not haemolysed.

The low-normal ferritin suggests low iron stores.

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Phone: 0427299880
Birthdate: 24/11/1955 Sex: F Medicare Number: 24400836171
Your Reference: Lab Reference: 25-5360551-THM-0
Laboratory: Mater Laboratory Services
Addressee: Dr ELIZABETH MOLONEY Referred by: Dr ELIZABETH MOLONEY

Name of Test: THYROID STUDIES
Requested: 16/04/2025 Collected: 22/04/2025 Reported: 22/04/2025
18:34

THYROID STUDIES
Request Number: 25-5360551 Specimen Type: Serum
Instrument performed on: Abbott Alinity CI
CUMULATIVE REPORT

	Latest Results		Reference	Units
	14:03	09:15		
	21-Feb-25	22-Apr-25		
THYROID STUDIES	5239642	5360551		
TSH	0.66	0.86	(0.10-5.00)	mU/L
Free T4	13.2			pmol/L

22-Apr-25 5360551 Euthyroid results.

DAWES, PAULA
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 Phone: 0427299880
 Birthdate: 24/11/1955 Sex: F Medicare Number: 24400836171
 Your Reference: Lab Reference: 25-5360551-CPP-0
 Laboratory: Mater Laboratory Services
 Addressee: Dr ELIZABETH MOLONEY Referred by: Dr ELIZABETH MOLONEY

Name of Test: GENERAL CHEMISTRY
 Requested: 16/04/2025 Collected: 22/04/2025 Reported: 22/04/2025
 18:37

GENERAL CHEMISTRY

Request Number: 25-5360551 Specimen Type: Serum/Plasma

CUMULATIVE REPORT

	14:03	Latest Results		
	21-Feb-25	09:15	Reference	Units
	5239642	22-Apr-25		
	5360551			
GENERAL CHEMISTRY	Non-fasting	Fasting		
Fasting Status				
Sodium	137	139	(135-145)	mmol/L
Potassium	4.7	4.6	(3.5-5.2)	mmol/L
Chloride	98	102	(95-110)	mmol/L
Bicarbonate	22	28	(22-32)	mmol/L
Anion Gap	17 H	9	(5-15)	mmol/L
Urea	5.4	3.8	(3.0-8.0)	mmol/L
Uric Acid	0.28	0.28	(0.15-0.45)	mmol/L
Creatinine	54	57	(45-90)	umol/L
eGFR	> 90	> 90	(> 59)	mL/min/1.73m2
Glucose	6.7	5.1	(3.0-5.5)	mmol/L
Calculated	286	287	(280-300)	mmol/L
Osmolality				
Total Protein	77	73	(65-87)	g/L
Albumin	46	42	(33-47)	g/L
Estimated	31	31	(24-41)	g/L
Globulins				
Total Bilirubin	8	10	(< 20)	umol/L
AST	28	23	(10-45)	U/L
ALT	24	17	(5-45)	U/L
GGT	24	24	(10-45)	U/L
ALP	102	80	(30-110)	U/L
Calcium	2.38	2.31	(2.10-2.60)	mmol/L
Corrected Calcium	2.29	2.31	(2.10-2.60)	mmol/L
Phosphate	1.42	1.35	(0.90-1.60)	mmol/L
Magnesium	0.8	0.8	(0.7-1.1)	mmol/L
Lactate	199	186	(120-250)	U/L
Dehydrogenase				
Cholesterol	4.5	4.2	(2.6-5.5)	mmol/L
Triglycerides		1.4	(0.5-2.0)	mmol/L
Haemolysed?	No	No		

22-Apr-25

5360551 eGFR >= 60 mL/min/1.73m2 does not exclude kidney disease.
 Not haemolysed.

DAWES, PAULA
6 BALNAVES PLACE, MITCHELTON. 4053
Phone: 0427299880
Birthdate: 24/11/1955 Sex: F Medicare Number: 24400836171
Your Reference: Lab Reference: 25-5360551-BFO-0
Laboratory: Mater Laboratory Services
Addressee: Dr ELIZABETH MOLONEY Referred by: Dr ELIZABETH MOLONEY

Name of Test: B12 AND FOLATE STUDIES
Requested: 16/04/2025 Collected: 22/04/2025 Reported: 22/04/2025
18:47

B12/FOLATE STUDIES

Request Number: 25-5360551 Specimen Type: Serum
Instrument performed on: Abbott Alinity CI
CUMULATIVE REPORT

	Latest Results		Reference Units
	09:15		
	22-Apr-25		
B12/FOLATE STUDIES	5360551		
Vitamin B12	270	(120-600)	pmol/L
Serum Folate	27.4	(> 11.8)	nmol/L

22-Apr-25

5360551

Result suggests normal folate stores.

The B12 level is nearing the indeterminate range (120 - 250 pmol/L), where deficiency cannot be excluded with certainty. Correlate clinically and with the FBC findings.

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 Phone: 0427299880
 Birthdate: 24/11/1955 Sex: F Medicare Number: 24400836171
 Your Reference: Lab Reference: 25-5360551-HPM-0
 Laboratory: Mater Laboratory Services
 Addressee: Dr ELIZABETH MOLONEY Referred by: Dr ELIZABETH MOLONEY

Name of Test: FULL BLOOD EXAMINATION
 Requested: 16/04/2025 Collected: 22/04/2025 Reported: 22/04/2025
 15:27

FULL BLOOD EXAMINATION

Request Number: 25-5360551 Specimen Type: Blood

Instrument performed on: Sysmex XN-10/20

CUMULATIVE REPORT

	Latest Results		Reference	Units
	14:03 21-Feb-25 5239642	09:15 22-Apr-25 5360551		
FULL BLOOD EXAMINATION				
Hb	134	134	(115-160)	g/L
HCT	0.430	0.432	(0.330-0.470)	L/L
RBC	5.19	5.05	(3.80-5.20)	x10 ¹² /L
MCV	82.9	85.5	(80.0-100.0)	fL
MCH	25.8 L	26.5 L	(27.0-33.0)	pg
RDW	15.7	15.4	(< 16.5)	%
PLT	259	223	(150-450)	x10 ⁹ /L
WBC	8.24	7.65	(4.00-11.00)	x10 ⁹ /L
Neutrophils	5.46	4.93	(1.80-7.70)	x10 ⁹ /L
Lymphocytes	2.07	1.90	(1.00-4.00)	x10 ⁹ /L
Monocytes	0.48	0.55	(0.20-1.00)	x10 ⁹ /L
Eosinophils	0.15	0.21	(0.04-0.50)	x10 ⁹ /L
Basophils	0.05	0.04	(0.00-0.15)	x10 ⁹ /L
Left Shift	0.03	0.02		x10 ⁹ /L
Left Shift%	0.4	0.3	(< 1.0)	%

Comments:

22-Apr-25 Automated results. Blood film not reviewed.
 5360551

21-Feb-25 Automated results. Blood film not reviewed.
 5239642

DAWES, PAULA
6 BALNAVES PLACE, MITCHELTON. 4053
Phone: 0427299880
Birthdate: 24/11/1955 Sex: F Medicare Number: 24400836161
Your Reference: Lab Reference: 25-5239642-VTD-0
Laboratory: Mater Laboratory Services
Addressee: Dr ELIZABETH MOLONEY Referred by: Dr MICHELLE OBRIEN
Copy to:
Dr MICHELLE OBRIEN

Name of Test: 25-OH VITAMIN D
Requested: 21/02/2025 Collected: 21/02/2025 Reported: 27/02/2025 16:30

25-OH VITAMIN D

Request Number: 25-5239642 Specimen Type: Serum
Instrument performed on: Abbott Alinity CI
CUMULATIVE REPORT

Latest Results

	14:03	Reference Units
	21-Feb-25	
	5239642	
25-OH VITAMIN D		
25-Hydroxy Vitamin D	85	(50-150) nmol/L

21-Feb-25 5239642

Vitamin D measurement is Medicare rebatable only for certain patients, including those with osteoporosis, osteomalacia, rickets, malabsorption, deeply pigmented skin, lack of sun exposure, chronic renal failure, hypo- or hypercalcaemia, hypophosphataemia, elevated ALP with otherwise-normal liver enzymes or taking medication which decreases Vitamin D (eg anticonvulsants). It is a Medicare requirement that the pathology request form contains sufficient information to indicate which criterion the patient meets in order for the patient to be eligible for bulk billing of the test. Patients will be privately billed for vitamin D measurement if none of these criteria are met.

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6 BALNAVES PLACE, MITCHELTON. 4053
Phone: 0427299880
Birthdate: 24/11/1955 Sex: F Medicare Number: 24400836161
Your Reference: Lab Reference: 25-5239642-ESM-0
Laboratory: Mater Laboratory Services
Addressee: Dr ELIZABETH MOLONEY Referred by: Dr MICHELLE OBRIEN
Copy to:
Dr MICHELLE OBRIEN

Name of Test: ESR / WESTERGREN ESR
Requested: 21/02/2025 Collected: 21/02/2025 Reported: 27/02/2025 16:30

ERYTHROCYTE SEDIMENTATION RATE

Request Number: 25-5239642 Specimen Type: Blood

Instrument performed on: Alifax Roller 20PN

CUMULATIVE REPORT

Latest Results

14:03 Reference Units

21-Feb-25

5239642

ERYTHROCYTE
SEDIMENTATION RATE

ESR 34 (0-40) mm/h