

Lab ID **528648212**

DOB **03/03/1992 (33 Yrs FEMALE)**

Referrer **Dr Tendai A Muchedzi**

Your ref.

Address AUSSIE SCRIPTS PO BOX 421
NORTH LAKES QLD 4509

Address 1/5 CEDAR CRESCENT
JUBILEE POCKET QLD 4802

Phone 0734917189

Phone 0433092330

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Requested 03/06/2025

Clinical Notes Not Provided

Collected 04/06/2025 08:44

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Copper

Test Name	Result	Reference Interval	Units
Copper-serum	18.1	13.0 - 25.0	umol/L

CA

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Reported on 05-Jun-25 13:35

Zinc

Test Name	Result	Reference Interval	Units
Zinc-plasma	11.9	9.0 - 19.0	umol/L

CA

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Reported on 05-Jun-25 15:04

Lab ID **528648212**DOB **03/03/1992 (33 Yrs FEMALE)**Referrer **Dr Tendai A Muchedzi**

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Test Name	Result	Reference Interval	Units
Sodium	141	135 - 145	mmol/L
Potassium	4.0	3.5 - 5.5	mmol/L
Chloride	104	95 - 110	mmol/L
Bicarbonate	29	20 - 32	mmol/L
Anion Gap	8	<16	mmol/L
Urea	4.4	2.5 - 7.0	mmol/L
Creatinine	64	45 - 85	umol/L
eGFR	>90	>59	
Glucose fasting	4.8	3.6 - 6.0	mmol/L
Total Protein	66	64 - 81	g/L
Albumin	41	33 - 46	g/L
Globulin	25	23 - 43	g/L
Bilirubin	9	<16	umol/L
ALP	55	20 - 105	U/L
● AST	42 H	10 - 35	U/L
● ALT	67 H	5 - 30	U/L
GGT	29	5 - 35	U/L
Cholesterol	4.7	<5.6	mmol/L
Triglyceride	0.6	<2.1	mmol/L
Haemolysis Index	11	<40	

Comments

AST may be falsely elevated due to mild haemolysis.

Moderate ALT and/or AST Elev'n (LFT 1)

<http://protocols.sonichealthcare.com/shared/IP130.pdf>

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C Reactive Protein

Test Name	Result	Reference Interval	Units
CRP	2.4	<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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Lipid Profile

Test Name	Result	Reference Interval	Units
Cholesterol	4.7	<5.6	mmol/L
Triglyceride	0.6	<2.1	mmol/L
HDL	1.79	> 1.09	mmol/L
LDL	2.6	<4.1	mmol/L
Tot Chol/HDL	2.6	<4.6	
Non HDLC	2.91	<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	13.1	9.0 - 19.0	pmol/L
Free T3	4.7	3.1 - 6.0	pmol/L
TSH	0.9	0.3 - 3.5	mIU/L

Comments

Euthyroid.

EA

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Gonadal Hormones

Test Name	Result	Reference Interval	Units
FSH	8		IU/L
LH	37		IU/L
Oestradiol	1120		pmol/L
Progesterone	2.1		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.

EA

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Homocysteine

Test Name	Result	Reference Interval	Units
Homocysteine	6.7	<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.

EA

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Insulin

Test Name	Result	Reference Interval	Units
S-Insulin	5	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)

EA

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Dehydro Epiandrosterone Sulphate (DHEAS)

Test Name	Result	Reference Interval	Units
DHEAS	5.8	2.4 - 13.9	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.

EA

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HbA1c

Test Name	Result	Reference Interval	Units
HbA1c (NGSP)	4.8	<6.5	%
HbA1c (IFCC)	29	<48	mmol/mol

Comments

The currently accepted cut-point for diagnosis of Type 2 Diabetes is an HbA1c level equal to or greater than 6.5% (48 mmol/mol) in patients with normal red blood cell turnover.

An abnormal screening HbA1c equal to or greater than 6.5% (48 mmol/mol) should be confirmed by a repeat HbA1c level as soon as possible, prior to any dietary adjustment or therapeutic intervention.

If the follow up HbA1c is less than 6.5% (48mmol/mol) then the patient does not have diabetes and should be rescreened in 12 months time. (Ref: MJA 197/4:220-221 (2012))

Patients with HbA1c levels of 5.7 - 6.4% (38 - 46 mmol/mol) may still have a slightly increased risk of microvascular complications according to the AusDiab study.

The Medicare item for HbA1C for diagnosis of Diabetes Mellitus is limited to one test per 12 months; for monitoring Diabetes testing remains unchanged - 4 tests per 12 months.

Further information may be found at MBS online <http://www9.health.gov.au/mbs/search.cfm>

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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Reported on 05-Jun-25 11:16

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Androgens

Test Name	Result	Reference Interval	Units
SHBG	84	20.0 - 110.0	nmol/L

Comments

SHBG performed on the Abbott immunoassay.

EA

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Reported on 05-Jun-25 02:13

Cortisol

Test Name	Result	Reference Interval	Units
Cortisol am	403	100 - 535	nmol/L

EA

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Thyroid Antibodies

Test Name	Result	Reference Interval	Units
Thyroid Peroxidase Ab	<1.0	<5.6	IU/mL
Thyroglobulin Ab	1.2	<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.

EA

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25-OH Vitamin D 116 nmol/L 50 - 150

Comments

Adequate Vitamin D.
Vitamin D measured by Diasorin Liaison.

EA

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Haematinics

Test Name	Result	Reference Interval	Units
● Iron	33 H	5 - 30	umol/L
Transferrin	1.9	1.9 - 3.1	g/L
TIBC	49	47 - 77	umol/L
● Saturation	67 H	20 - 45	%
Ferritin	75	30 - 250	ug/L
CRP	2.4	<5	mg/L
Vitamin B12	377	> 150	pmol/L
Active B12	109	>35	pmol/L
Folate (Serum)	19	>7.0	nmol/L

Comments

High transferrin saturation in the presence of normal ferritin raises the possibility of early or treated haemochromatosis or recent iron ingestion.

All patients with low or equivocal vitamin B12 results (400 pmol/L or less) will be routinely tested for holo-transcobalamin (active B12) to clarify the B12 status.

Both tests are now Medicare rebateable. Vitamin B12 concentrations over 400 pmol/L are generally considered replete.

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.

EA

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Haematology

Test Name	Result	Reference Interval	Units
Haemoglobin	142	115 - 165	g/L
Haematocrit	0.42	0.35 - 0.47	
Red cell count	4.6	3.9 - 5.6	10 ¹² /L
MCV	93	80 - 100	fL
White cell count	6.5	3.5 - 12.0	10 ⁹ /L
Neutrophils	3.35	1.5 - 8.0	10 ⁹ /L
Lymphocytes	2.35	1.0 - 4.0	10 ⁹ /L
Monocytes	0.33	0 - 0.9	10 ⁹ /L
Eosinophils	0.37	0 - 0.6	10 ⁹ /L
Basophils	0.05	0 - 0.15	10 ⁹ /L
Platelets	245	150 - 400	10 ⁹ /L

HA

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Reported on 05-Jun-25 07:14



LAB ID 528648212 DOB 03/03/1992 (33Y Female)

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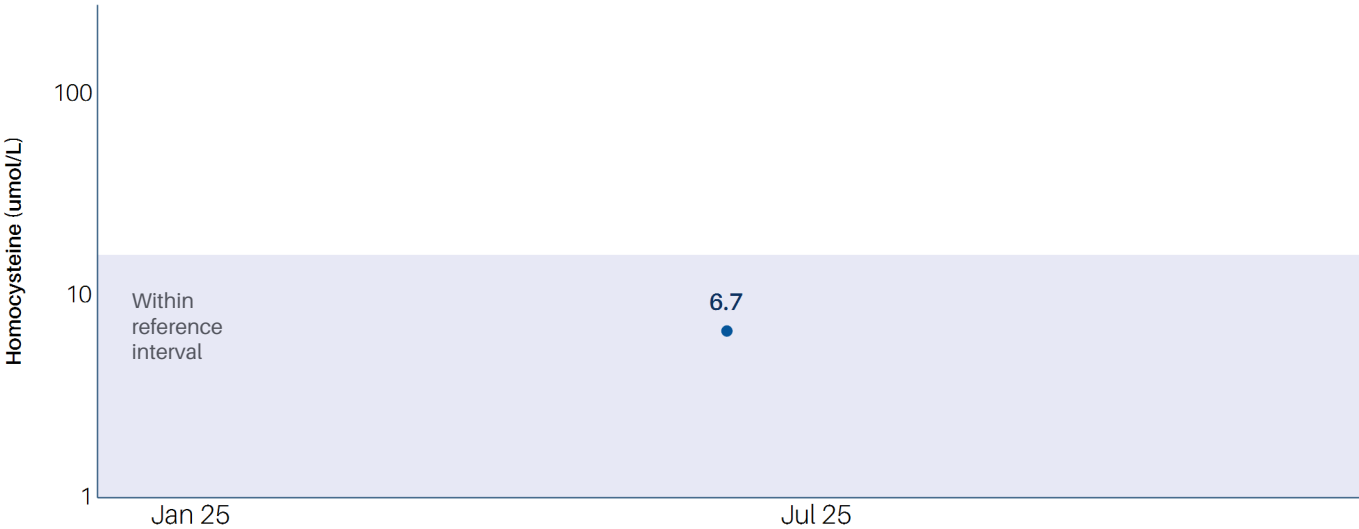
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Aussie Scripts
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NORTH LAKES QLD 4509

M25723
85139

Requested 03 Jun 2025
Collected 04 Jun 2025 08:44 am
Received 04 Jun 2025 08:44 am
Reported 05 Jun 2025 02:18 am

Homocysteine



LEGEND

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

LAB ID 528648212 DOB 03/03/1992 (33Y Female)

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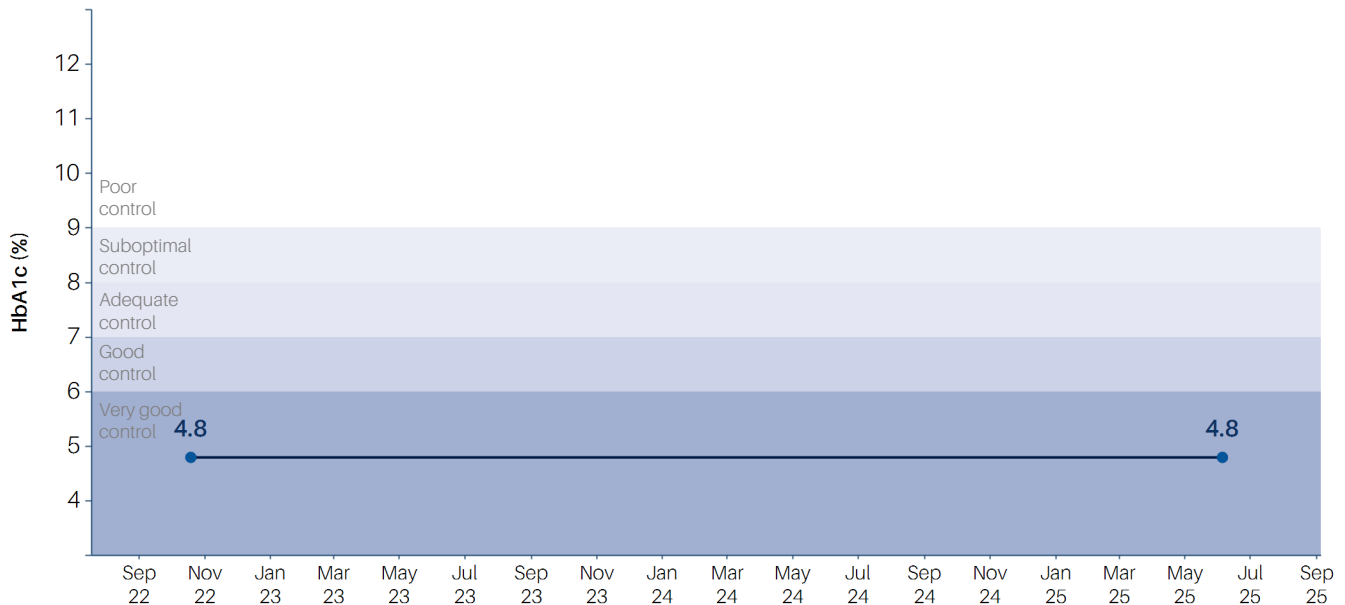
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Reported 05 Jun 2025 11:19 am

Glycated Haemoglobin | HbA1c

Diabetes Monitoring



LEGEND

- | | |
|---|--|
| Poor control (> 9.0) | Within reference interval |
| Suboptimal control (8.1 - 9.0) | Out of reference interval |
| Adequate control (7.1 - 8.0) | |
| Good control (6.1 - 7.0) | |
| Very good control (<6.1) | |

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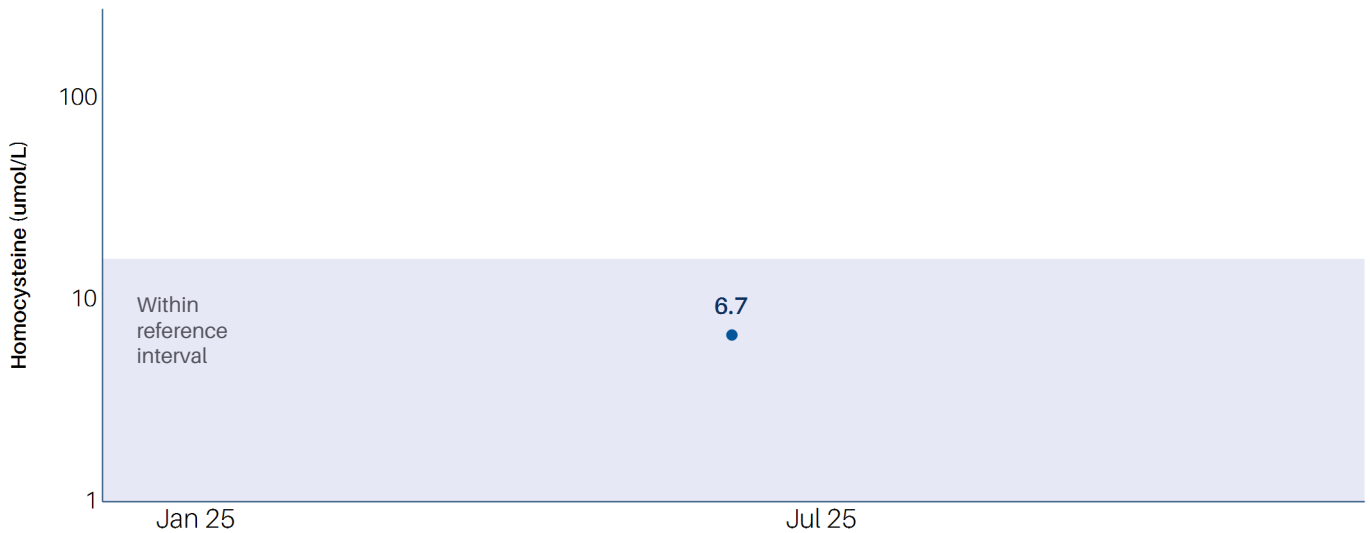
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Homocysteine



LEGEND

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