

Lab ID 528194855

DOB 19/01/1981 (44 Yrs FEMALE)

Referrer Dr Tendai A Muchedzi

Address AUSSIE SCRIPTS PO BOX 421 NORTH LAKES QLD 4509

Phone 0734917189

Your ref.

Address 318 MANDALAY ROAD MANDALAY QLD 4802

Phone 0407678973

Copy to

Requested 20/05/2025

Clinical Notes Not Provided

Collected 21/05/2025 08:53

Received 21/05/2025 08:54

Copper

Test Name	Result	Reference Interval	Units	
Copper-serum	18.8	13.0 - 25.0	umol/L	

CA

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Reported on 22-May-25 19:08

Zinc

Test Name	Result	Reference Interval	Units	
Zinc-plasma	11.8	9.0 - 19.0	umol/L	

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Lab ID **528194855**

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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	24	20 - 32	mmol/L	
Anion Gap	8	<16	mmol/L	
Urea	3.6	2.5 - 7.0	mmol/L	
Creatinine	74	45 - 85	umol/L	
eGFR	85	>59		
Glucose fasting	4.7	3.6 - 6.0	mmol/L	
Total Protein	73	64 - 81	g/L	
Albumin	39	33 - 46	g/L	
Globulin	34	23 - 43	g/L	
Bilirubin	10	<16	umol/L	
ALP	53	20 - 105	U/L	
AST	25	10 - 35	U/L	
ALT	24	5 - 30	U/L	
GGT	19	5 - 35	U/L	
Cholesterol	5.7 H	<5.6	mmol/L	
Triglyceride	1.2	<2.1	mmol/L	
Haemolysis Index	5	<40		

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Reported on 22-May-25 00:36







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C Reactive Protein

Test Name	Result	Reference Interval	Units	
CRP	1.3	<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	5.7 H	<5.6	mmol/L	
Triglyceride	1.2	<2.1	mmol/L	
HDL	2.27	>1.09	mmol/L	
LDL	3.0	<4.1	mmol/L	
Tot Chol/HDL	2.5	<4.6		
Non HDLC	3.43	<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	9.8	9.0 - 19.0	pmol/L	
Free T3	3.6	3.1 - 6.0	pmol/L	
TSH	1.7	0.3 - 3.5	mIU/L	

Comments

Euthyroid.

EΑ

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Gonadal Hormones

Test Name	Result	Reference Units Interval
FSH	3	IU/L
LH	1	IU/L
Oestradiol	383	pmol/L
Progesterone	39	nmol/L

Reference	FSH	LH	Oestradiol	Progesterone
Limits	IU/L	IU/L	pmol/L	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.

SM

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05/06/2025 07:55:54



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Homocysteine

Test Name	Result	Reference Interval	Units	
Homocysteine	5.0	<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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Document created

05/06/2025 07:55:54



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Insulin

Test Name	Result	Reference Interval	Units	
S-Insulin	4	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.

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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Reported on 22-May-25 02:35

Dehydro Epiandrosterone Sulphate (DHEAS)

Test Name	Result	Reference Interval	Units	
DHEAS	5.3	1.6 - 11.1	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

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 AusDiah 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.

НА

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Reported on 22-May-25 10:04







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Androgens

Test Name	Result	Reference Interval	Units	
SHBG	81	20.0 - 110.0	nmol/L	

Comments

SHBG performed on the Abbott immunoassay.

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Reported on 22-May-25 02:35

Cortisol

Test Name	Result	Reference Interval	Units	
Cortisol am	145	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	<1.0	<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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Reported on 22-May-25 02:35

Reverse T3

Test Name	Result	Reference Interval	Units	
Reverse T3	286	140 - 540	pmol/L	

ES

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Reported on 22-May-25 13:50







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25-OH Vitamin D

96

nmol/L

50 - 150

Comments

Adequate Vitamin D. Vitamin D measured by Diasorin Liaison.

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Reported on 22-May-25 01:33

Haematinics

Test Name	Result	Reference Interval	Units	
Iron	23	5 - 30	umol/L	
Transferrin	2.5	1.9 - 3.1	g/L	
TIBC	64	47 - 77	umol/L	
Saturation	36	20 - 45	%	
Ferritin	60	30 - 250	ug/L	
CRP	1.3	<5	mg/L	
Vitamin B12	663	>150	pmol/L	
Folate (Serum)	36	>7.0	nmol/L	

Comments

Normal Iron Status.

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.

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Haematology

Test Name	Result	Reference Interval	Units	
Haemoglobin	129	115 - 165	g/L	
Haematocrit	0.40	0.35 - 0.47		
Red cell count	4.2	3.9 - 5.6	10^12/L	
MCV	97	80 - 100	fL	
White cell count	5.9	3.5 - 12.0	10^9/L	
Neutrophils	2.58	1.5 - 8.0	10^9/L	
Lymphocytes	2.67	1.0 - 4.0	10^9/L	
Monocytes	0.48	0 - 0.9	10^9/L	
Eosinophils	0.09	0 - 0.6	10^9/L	
Basophils	0.07	0 - 0.15	10^9/L	
Platelets	295	150 - 400	10^9/L	

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Reported on 22-May-25 06:42

The following test(s) could not be performed, as the patient either did not return their self-collect sample(s) or did not return to enable collection of their outstanding tests.

IODINE-R-URINE

SYSTEM MANAGER

SULLIVAN NICOLAIDES PTY LTD. ABN 38 078 202 196. NATA/RCPA ACCREDITATION NO 1964

Reported on 05-Jun-25 00:02







Erin Jaggard

LAB ID 528194855 DOB 19/01/1981 (44Y Female)

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MANDALAY QLD 4802

Phone 0407 678 973

Requested 20 May 2025

 Collected
 21 May 2025 08:53 am

 Received
 21 May 2025 08:54 am

 Reported
 22 May 2025 02:37 am

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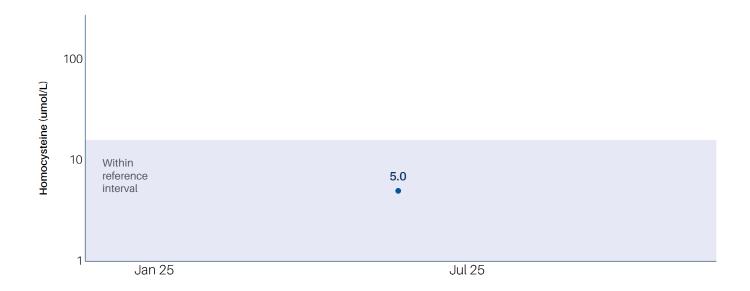
M25723

85139

Aussie Scripts Po Box 421

NORTH LAKES QLD 4509

Homocysteine



LEGEND

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

NATA Accreditation No 1964

OR CPA
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 21 May 2025 08:54 am

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 22 May 2025 10:09 am

Dr Tendai A Muchedzi Aussie Scripts Po Box 421

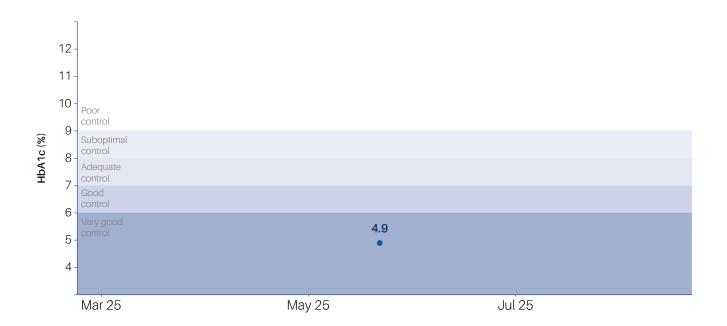
NORTH LAKES QLD 4509

Glycated Haemoglobin | HbA1c

M25723

POST/---/---/---

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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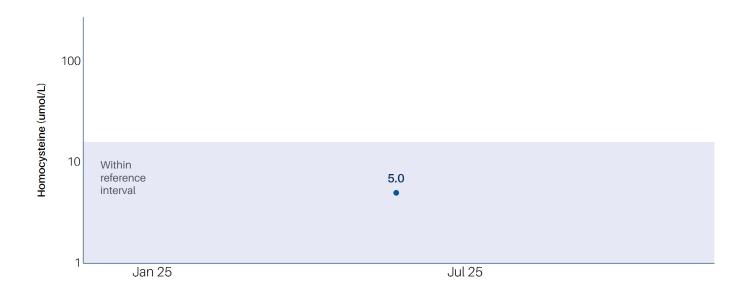
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LEGEND

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- Within reference interval
- Out of reference interval

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