GEDDES, JAYNE
10 ABBOTT STREET, ATHERTON. 4883
Phone: 0458925445
Birthdate: 27/01/1975 **Sex:** F **Medicare Number:** 4196686601
Your Reference: 6115958DC5 **Lab Reference:** 527822578-C-C847
Laboratory: SNP
Addressee: DR REBECCA E TUMA **Referred by:** DR REBECCA E TUMA

Name of Test: S-_LIPID PROFILE
Requested: 02/05/2024 **Collected:** 15/05/2024 **Reported:** 16/05/2024 05:08

Clinical notes: routine

Clinical Notes : routine

Lipid Profile

		Latest Results		
Date	04-Aug-23	**15-May-24**		
Time	0912	**0928**		
Lab Id.	684107210	**527822578**	Reference	Units
Cholesterol	4.7	5.4	(<5.6)	mmol/L
Triglyceride	0.5	0.6	(<2.1)	mmol/L
HDL	2.00	2.12	(>1.09)	mmol/L
LDL	2.5	3.0	(<4.1)	mmol/L
Chol/HDL Ratio	2.4	2.5	(<4.6)	
Non HDLC	2.70	3.28	(<3.81)	mmol/L

Comments on Collection 15-May-24 0928:
HDL-Cholesterol
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).

CA

Sullivan Nicolaides Pty Ltd. ABN 38 078 202 196. NATA/RCPA Accreditation No 1964

Tests Completed: HDL-Cholesterol,Iron Studies,E/LFT
Tests Pending : HbA1c,FBE,CST TEXT
Sample Pending :

GEDDES, JAYNE
10 ABBOTT STREET, ATHERTON. 4883
Phone: 0458925445
Birthdate: 27/01/1975 **Sex:** F **Medicare Number:** 4196686601

Your Reference: 6115958DC5 **Lab Reference:** 527822578-C-H245
Laboratory: SNP
Addressee: DR REBECCA E TUMA **Referred by:** DR REBECCA E TUMA

Name of Test: .ANAEMIA
Requested: 02/05/2024 **Collected:** 15/05/2024 **Reported:** 16/05/2024 05:08

Clinical notes: routine

Clinical Notes : routine

Haematinics

				Latest Results		
Date	10-Jul-19	03-Jun-20	04-Aug-23	**15-May-24**		
Time	0944	1544	0912	**0928**		
Lab Id.	648613143	653272189	684107210	**527822578**	Reference	Units
Iron	13	16	21	18	(5-30)	umol/L
Transferrin	2.7	2.7	2.3	2.3	(1.9-3.1)	g/L
TIBC	67	67	59	57	(47-77)	umol/L
Trans Sat	19 L	24	36	32	(20-45)	%
Ferritin	10 L	11 L	70	63	(30-300)	ug/L
Vitamin B12			530		(>150)	pmol/L
Folate serum			19		(>7.0)	nmol/L

Comments on Collection 15-May-24 0928:
Iron Studies
Normal Iron Status.

CA

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Tests Completed: HDL-Cholesterol,Iron Studies,E/LFT
Tests Pending : HbA1c,FBE,CST TEXT
Sample Pending :

GEDDES, JAYNE
10 ABBOTT STREET, ATHERTON. 4883
Phone: 0458925445
Birthdate: 27/01/1975 **Sex:** F **Medicare Number:** 4196686601
Your Reference: 6115958DC5 **Lab Reference:** 527822578-C-C140
Laboratory: SNP
Addressee: DR REBECCA E TUMA **Referred by:** DR REBECCA E TUMA

Name of Test: S-_ROUTINE CHEMISTRY
Requested: 02/05/2024 **Collected:** 15/05/2024 **Reported:** 16/05/2024 05:08

Clinical notes: routine

Clinical Notes : routine

Chemistry (serum)

				Latest Results		
Date	10-Jul-19	03-Jun-20	04-Aug-23	**15-May-24**		
Time	0944	1544	0912	**0928**		
Lab Id.	648613143	653272189	684107210	**527822578**	Reference	Units

Sodium	140		138	140	(135-145)	mmol/L
Potassium	4.3		4.2	4.0	(3.5-5.5)	mmol/L
Chloride	106		104	106	(95-110)	mmol/L
Bicarbonate	26		26	26	(20-32)	mmol/L
Anion Gap	8		8	8	(<16)	mmol/L
Calcium (Corr.)			2.31	2.25	(2.10-2.60)	mmol/L
Phosphate			1.00	0.93	(0.80-1.50)	mmol/L
Urea	3.6		4.7	5.3	(2.5-7.0)	mmol/L
Urate			0.297	0.269	(0.150-0.400)	mmol/L
Creatinine	66		77	88 H	(45-85)	umol/L
eGFR	>90		79	67	(>59)	
Random Glucose			4.3	4.8	(3.6-7.7)	mmol/L
Total Protein			65	65	(64-81)	g/L
Albumin			39	38	(33-46)	g/L
Globulin			26	27	(23-43)	g/L
T Bilirubin			11	8	(<16)	umol/L
ALP			40	37	(20-105)	U/L
AST			29	26	(10-35)	U/L
ALT			24	17	(5-30)	U/L
GGT			19	18	(5-35)	U/L
LDH			180	176	(<250)	U/L
Cholesterol			4.7	5.4	(<5.6)	mmol/L
Triglyceride			0.5	0.6	(<2.1)	mmol/L
Haemolysis Index	4	3	4	4	(<40)	mg/dL

CA

Sullivan Nicolaides Pty Ltd. ABN 38 078 202 196. NATA/RCPA Accreditation No 1964

Tests Completed: HDL-Cholesterol,Iron Studies,E/LFT
Tests Pending : HbA1c,FBE,CST TEXT
Sample Pending :

GEDDES, JAYNE
10 ABBOTT STREET, ATHERTON. 4883
Phone: 0458925445
Birthdate: 27/01/1975 **Sex:** F **Medicare Number:** 4196686601
Your Reference: 6115958DC5 **Lab Reference:** 527822578-H-E416
Laboratory: SNP
Addressee: DR REBECCA E TUMA **Referred by:** DR REBECCA E TUMA

Name of Test: HBA1C
Requested: 02/05/2024 **Collected:** 15/05/2024 **Reported:** 16/05/2024 09:07

Clinical notes: routine

Clinical Notes : routine

HbA1c

HbA1c (NGSP)	5.2	(<6.5)	%	
HbA1c (IFCC)	33	(<48)	mmol/mol	

Comments on Collection 527822578

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

PDF Image Enhanced Report

A PDF version of this report with images is available until 16-05-2025. Copy and paste the URL below into your web browser and use PIN 3917 to access the report.

https://sdrviewer.apps.sonichealthcare.com/?GUID=3B1EB57D-2C07-4AD4-ACF7-E4D8C3764E85&hostCode=SNP&shareType=1

Sullivan Nicolaides Pty Ltd. ABN 38 078 202 196. NATA/RCPA Accreditation No 1964

Tests Completed: HDL-Cholesterol,Iron Studies,E/LFT,HbA1c
Tests Pending : FBE,CST TEXT
Sample Pending :

GEDDES, JAYNE
10 ABBOTT STREET, ATHERTON. 4883
Phone: 0458925445
Birthdate: 27/01/1975 **Sex:** F **Medicare Number:** 4196686601
Your Reference: 6115958DC5 **Lab Reference:** 527822578-H-H900
Laboratory: SNP
Addressee: DR REBECCA E TUMA **Referred by:** DR REBECCA E TUMA

Name of Test: .BLOOD COUNT
Requested: 02/05/2024 **Collected:** 15/05/2024 **Reported:** 16/05/2024 13:07

Clinical notes: routine

Clinical Notes : routine

Haematology

				Latest Results		
Date	12-Oct-10	10-Jul-19	04-Aug-23	**15-May-24**		
Time	1220	0944	0912	**0928**		
Lab Id.	580498390	648613143	684107210	**527822578**	Reference	Units
Haemoglobin	134	125	129	120	(115-165)	g/L
Haematocrit	0.38	0.38	0.38	0.36	(0.35-0.47)	
RCC	3.7 L	3.7 L	3.7 L	3.4 L	(3.9-5.6)	10*12/L

MCV	101 H	102 H	105 H	107 H	(80-100)	fL
WCC	5.7	4.6	4.4	6.7	(3.5-12.0)	10*9/L
Neutrophils	3.00	2.79	2.60	4.68	(1.5-8.0)	10*9/L
Lymphocytes	2.10	1.29	1.31	1.28	(1.0-4.0)	10*9/L
Monocytes	0.50	0.46	0.38	0.62	(0-0.9)	10*9/L
Eosinophils	0.10	0.08	0.07	0.12	(0-0.6)	10*9/L
Basophils	0.00	0.02	0.03	0.03	(0-0.15)	10*9/L
Platelets	218	226	185	177	(150-400)	10*9/L

Comments on Collection 15-May-24 0928:
Causes of red cell macrocytosis are:
Common causes: B12/Folate deficiency, alcohol, liver disease, reticulocytosis, cytotoxic drugs and chronic airways disease.
Uncommon causes: Myelodysplasia and other bone marrow disorders, post splenectomy, hypothyroidism
Anticoagulated samples show some increase in MCV over time.
Variation can be seen between different haematology analyser technologies.
A small number of normal people have red cells whose dimensions fall outside the reference range.

EK

Sullivan Nicolaides Pty Ltd. ABN 38 078 202 196. NATA/RCPA Accreditation No 1964

Tests Completed: HDL-Cholesterol,Iron Studies,E/LFT,HbA1c,FBE,Film
Tests Pending : CST TEXT
Sample Pending :

GEDDES, JAYNE
10 ABBOTT STREET, ATHERTON. 4883
Phone: 0458925445
Birthdate: 27/01/1975 **Sex:** F **Medicare Number:** 4196686601
Your Reference: 6115958DC5 **Lab Reference:** 527822578-P-P936
Laboratory: SNP
Addressee: DR REBECCA E TUMA **Referred by:** DR REBECCA E TUMA

Name of Test: CST TEXT
Requested: 02/05/2024 **Collected:** 15/05/2024 **Reported:** 20/05/2024 14:08

CLINICAL NOTES Routine. Asymptomatic. Self collected. Cervix not seen.

CERVICAL SCREENING TEST (CST)

RISK CATEGORY **LOW RISK** for significant abnormality

SPECIMEN Vaginal - Self-collected sample

TEST RESULTS **PCR for Oncogenic HPV and Genotype**

HPV16	Not Detected
HPV18	Not Detected
HPV (not 16/18)	Not Detected

Recommendation Rescreen in 5 years

Comments on Lab Id: 527822578

To support the significant changes to cervical screening we have created enhanced, risk stratified, colour coded reports which are available in either hard copy or PDF format.
If PDF functionality has been enabled in your practice management software, please see the accompanying PDF report.
For assistance with report preferences, please contact our Client Database team on 1300 767 284.

SZ

Sullivan Nicolaides Pty Ltd. ABN 38 078 202 196. NATA/RCPA Accreditation No 1964

Tests Completed: HDL-Cholesterol,Iron Studies,E/LFT,HbA1c,FBE,Film,CST TEXT
Tests Pending :
Sample Pending :