01 Jul 2025 21:22	FSH and LH; Serum sex hormone binding globulin level; Prolactin; Oestradiol; Testosterone	Report ID: 2561015949 RM100 1229350

Request Receipt:
Issued: 01 Jul 2025 21:22
Arrived: 03 Jul 2025 15:39
Follow-up action: Communicate Patient
Clinical Information: fertility treatment

Request Comments:
Provider Comments:
Service Type: New

Financial Details:

FSH and LH

Specimen: SST Serum Collected: 01 Jul 2025 11:29

Investigation	Normality	Result
FSH and LH		
Serum follicle stimulating hormone level (XM0lx)		4.4 iu/L; FSHCOM Female FSH Reference Range Normal Menstruating Females Follicular Phase 3.0 - 8.1 Mid-Cycle Peak 2.6 - 16.7 Luteal Phase 1.4 - 5.5 Post Menopausal Females Without HRT 26.7 - 133.4
Serum LH level (XM0lv)		4.1 iu/L; LHC Female LH Reference Range Normal Menstruating Females Follicular Phase 1.8 - 11.8 Mid-Cycle Peak 7.6 - 89.1 Luteal Phase 0.6 - 14.0 Post Menopausal Females Without HRT 5.2 - 62

Serum sex hormone binding globulin level (44CD.)

Specimen: SST Serum Collected: 01 Jul 2025 11:29

Investigation	Normality	Result
Serum sex hormone binding globulin level (44CD.)		
Serum sex hormone binding globulin level (44CD.)		30 nmol/L [20.0 - 155.0]
Reference range comment		SHBG reference range does not apply in pregnancy.

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428 866 3946, 15 Sep 1995

Prolactin

Specimen: SST Serum Collected: 01 Jul 2025 11:29

Investigation	Normality	Result
Prolactin		
Serum prolactin level (XaELX)		528 mIU/L [40.0 - 530.0]

Oestradiol

Specimen: SST Serum Collected: 01 Jul 2025 11:29

Investigation	Normality	Result
Oestradiol		
Serum oestradiol level (4465.)		168 pmol/L
Oestradiol comment :		Females - Follicular phase 98 - 571 pmol/L Luteal phase 122 - 1094 pmol/L Ovulation phase 176 - 1153 pmol/L Post menopausal <183 pmol/L Please note reference range changed on 27/02/2015

Testosterone

Specimen: SST Serum Collected: 01 Jul 2025 11:29

Investigation	Normality	Result
Testosterone		
Serum testosterone level (XE2dr)	Above range	2.4 nmol/L [0.3 - 1.7]; Above high reference limit
Comment		Raised testosterone level. The most common cause in females is PCOS, however other causes include non-PCOS endocrinopathies such as CAH, thyroid dysfunction, prolactin excess and acromegaly, drugs (including oral contraceptives) and androgen secreting tumours (ovarian or adrenal). Patients with unusual features on history or physical examination suggesting non-PCOS causes of hyperandrogenism warrant endocrine referral particularly when serum testosterone is over 3.5 mmol/L

Message Recipient: GP Practice: D82080 (Healthcare Organisation)

Mrs Holly Ellen Wilkinson
428 866 3946, 15 Sep 1995

Ordering Party: GP: G8648916 - BANIM, Dr C (D82080) (Healthcare Professional)
Message Recipient: GP: G8648916 - BANIM, Dr C (D82080) (Healthcare Professional)
Laboratory Service Provider: Norfolk & Norwich University HCT (Healthcare Organisation)
Laboratory Service Provider: Chemical Pathology (Department)

Mrs Holly Ellen Wilkinson
428 866 3946, 15 Sep 1995