

~~~~~  
Start Patient : JIMENEZ GARCIA,WENDY J  
4 BRENDAN ST W, CAMIRA QLD 4300  
Birthdate: 14/10/1984 Age: Y40 Sex: F  
Telephone: 0432201935

Your Reference :  
QML Reference : 25-78576684  
Medicare Number: 4359419455  
Phone Enquiries: (07) 3121 4555

Referred By : BONCHIS,DR. SANDA  
Addressee : BONCHIS,DR. SANDA 2288136A  
Lab. Reference: 25-78576684-CCP-0  
Requested: Monday, 19 May 2025  
Performed: Tuesday, 20 May 2025  
Test name: CYCLIC CITRULLINE PEPTIDE  
Provider name: QML Pathology

#### AUTOANTIBODY SEROLOGY

Anti-CCP antibody < 1 U/mL (< 5)

Anti-cyclic citrullinated peptide (CCP) antibody is highly specific and moderately sensitive for the diagnosis of rheumatoid arthritis (RA). Some rheumatoid arthritis patients may be rheumatoid factor (RF) negative but may have positive anti-CCP antibodies. Anti-CCP antibody (and RF) positivity is associated with an increased risk of erosive disease in RA. The role of serial measurement of anti-CCP as a marker of disease activity in RA has not been established.

For enquiries, contact Dr Paul Campbell 07 3121 4444  
Patients should contact their referring doctor in regard to this result.

Clinical Notes : Swelling and stiffness bulk bill please

Tests Completed:TSH, FBC, SERUM FOLATE, SERUM VITAMIN B12, ESR, CCP  
Tests Pending :LATEX/RHEUMATOID, IRON STUDIES, SE E/LFT, SE ZINC, SE VIT D  
Tests Pending :SE C-REACTIVE PROTEIN, IGE LEVELS, H.PYLORI AB, SPECIFIC IGE  
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Phone Enquiries: (07) 3121 4555

Referred By : BONCHIS,DR. SANDA
Addressee : BONCHIS,DR. SANDA 2288136A
Lab. Reference: 25-78576684-BFM-0
Requested: Monday, 19 May 2025
Performed: Tuesday, 20 May 2025
Test name: MASTER VITAMIN B12 FOLATE
Provider name: QML Pathology

CUMULATIVE VITAMIN B12 AND FOLATE ASSAYS

Date 20/05/25
Time 09:00
Lab No 78576684

B12 Total 374 pmol/L (162-811)
S.Fol. 26.5 nmol/L (8.4-55.0)

Comment:
78576684

Serum Folate Assay:
Adequate Serum Folate.
In the absence of recent oral intake, a serum folate >13 nmol/L effectively rules out folate deficiency. Consider repeat fasting Folate, if there has been inadequate fasting, and clinical concern remains.

Serum Vitamin B12 Assay:
Essentially normal B12 levels, although liver disease if present may falsely elevate the level.

Methodology:
B12 and Active B12 (HoloTC) assays performed on Siemens Atellica analyser.

For Doctor clinical enquiries, please contact Dr Peter Davidson 07 3121 4444.
Patients should contact their referring doctor in regard to this result.

Clinical Notes : Swelling and stiffness bulk bill please

Tests Completed:TSH, FBC, SERUM FOLATE, SERUM VITAMIN B12, ESR
Tests Pending :LATEX/RHEUMATOID, IRON STUDIES, SE E/LFT, SE ZINC, SE VIT D
Tests Pending :SE C-REACTIVE PROTEIN, IGE LEVELS, H.PYLORI AB, CCP, SPECIFIC IGE

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Referred By : BONCHIS,DR. SANDA
Addressee : BONCHIS,DR. SANDA 2288136A
Lab. Reference: 25-78576684-THY-0
Requested: Monday, 19 May 2025
Performed: Tuesday, 20 May 2025
Test name: THYROID TEST MASTER
Provider name: QML Pathology

CUMULATIVE SERUM THYROID FUNCTION TESTS

Date	09/07/20	13/04/22	01/06/23	20/05/25
Time	11:10	07:22	17:00	09:00
Lab No	74787947	69614408	71814056	78576684
TSH	1.9	2.6	1.7	1.5 mIU/L (0.50-4.00)

Euthyroid level. However if hypopituitarism (rare) is suspected, free T4 assay may be indicated.

Clinical Notes : Swelling and stiffness bulk bill please

Tests Completed:TSH, FBC, SERUM FOLATE, SERUM VITAMIN B12, ESR
Tests Pending :LATEX/RHEUMATOID, IRON STUDIES, SE E/LFT, SE ZINC, SE VIT D
Tests Pending :SE C-REACTIVE PROTEIN, IGE LEVELS, H.PYLORI AB, CCP, SPECIFIC IGE

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Medicare Number: 4359419455  
Phone Enquiries: (07) 3121 4555

Referred By : BONCHIS,DR. SANDA  
Addressee : BONCHIS,DR. SANDA 2288136A  
Lab. Reference: 25-78576684-ESR-0  
Requested: Monday, 19 May 2025  
Performed: Tuesday, 20 May 2025  
Test name: ERYTHROCYTE SEDIMENT RATE  
Provider name: QML Pathology

CUMULATIVE ERYTHROCYTE SEDIMENTATION RATE

|        |          |
|--------|----------|
| Date   | 20/05/25 |
| Time   | 09:00    |
| Lab No | 78576684 |

ESR 5 (1-20)

Clinical Notes : Swelling and stiffness bulk bill please

Tests Completed:FBC, ESR  
Tests Pending :TSH, LATEX/RHEUMATOID, IRON STUDIES, SERUM FOLATE, SERUM VITAMIN B12  
Tests Pending :SE E/LFT, SE ZINC, SE VIT D, SE C-REACTIVE PROTEIN, IGE LEVELS  
Tests Pending :H.PYLORI AB, CCP, SPECIFIC IGE

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Referred By : BONCHIS,DR. SANDA
Addressee : BONCHIS,DR. SANDA 2288136A
Lab. Reference: 25-78576684-CBC-0
Requested: Monday, 19 May 2025
Performed: Tuesday, 20 May 2025
Test name: MASTER FULL BLOOD COUNT
Provider name: QML Pathology

CUMULATIVE FULL BLOOD EXAMINATION

Date	01/06/23	20/05/25
Time	17:00	09:00
Lab No	71814056	78576684

Hb	134	133 g/L	(115-160)
RCC	4.4	4.5 x10 ^12 /L	(3.6-5.2)

Hct	0.39		0.40		(0.33-0.46)
MCV	89		89	fL	(80-98)
MCH	30		29	pg	(27-35)
Plats	144		138	x10 ^9 /L	(150-450)
WCC	7.4		6.0	x10 ^9 /L	(4.0-11.0)
Neuts	4.1	60 %	3.6	x10 ^9 /L	(2.0-7.5)
Lymphs	2.7	34 %	2.0	x10 ^9 /L	(1.1-4.0)
Monos	0.4	4 %	0.2	x10 ^9 /L	(0.2-1.0)
Eos	0.15	2 %	0.12	x10 ^9 /L	(0.04-0.40)
Basos	0.00	0 %	0.00	x10 ^9 /L	(< 0.21)
E.S.R.			pending	mm/hr	(1-20)

78576684 Automated Comment:

As per ISLH guidelines - Film not reviewed. If a film review is truly indicated, contact the laboratory within 24 hours of collection. Otherwise investigate any highlighted abnormalities as clinically appropriate.

Mild Thrombocytopenia may be a transient effect of an acute infection. Persistent thrombocytopenia may be seen as a result of certain infections (e.g. EBV, HBV, HCV), Liver dysfunction, hypersplenism, Mild immune thrombocytopenia (ITP), drug side effect, SLE or APS, Pseudothrombocytopenia, and sometimes as a familial disorder, or in older patients an early myelodysplasia. (Note: In Pregnancy, mild gestational thrombocytopenia may be noted. However, this requires exclusion of these other causes). Correlate Clinically as well as with E+LFTs, Reticulocyte Count, Viral Serology, Coag Profile (Citrate count), and ANA if clinically appropriate. Otherwise, suggest repeat at a later date.

** FINAL REPORT - Please destroy previous report **

Clinical Notes : Swelling and stiffness bulk bill please

Tests Completed:FBC

Tests Pending :TSH, LATEX/RHEUMATOID, IRON STUDIES, SERUM FOLATE, SERUM VITAMIN B12

Tests Pending :SE E/LFT, SE ZINC, SE VIT D, SE C-REACTIVE PROTEIN, IGE LEVELS

Tests Pending :H.PYLORI AB, ESR, CCP, SPECIFIC IGE

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Medicare Number: 4359419455

Phone Enquiries: (07) 3121 4555

Referred By : BONCHIS,DR. SANDA

Addressee : BONCHIS,DR. SANDA

2288136A

Lab. Reference: 25-78576684-CAP-0

Requested: Monday, 19 May 2025

Performed: Tuesday, 20 May 2025

Test name: SPECIFIC IGE

Provider name: QML Pathology

ALLERGIC DISEASE INVESTIGATION

Total IgE	30	kIU/L	(0-100)
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Allergen Specific IgE	Result kU/L	Class	Interpretation
Seafood mix (Fish(cod), Shrimp, Tuna, Salmon)	<0.35	0	Negative

(and Blue Mussel)

Food mix	<0.35	0	Negative
(Egg White, Milk, Wheat, Soya bean)			
(Peanut and Fish(cod))			

Nut mix 1	<0.35	0	Negative
(Peanut, Almond, Coconut, Hazelnut)			
(and Brazil nut)			

PLEASE NOTE: Due to increasing constraints imposed by Medicare on in vitro allergy testing, the standard number of panels tested for RAST requests where no specific allergens have been requested has been reduced from four to three. Enquiries should be directed to the QML Immunology Department on 07 3121 4909.

All specific IgE results must be interpreted in clinical context.

Specific IgE is measured by the Phadia ImmunoCAP assay.

Allergen specific IgE (sIgE) testing to multiple food allergens in a single test (allergen mix) is not recommended since a positive test cannot identify the relevant allergen. sIgE testing to foods should only be performed when there is a history suggestive of immediate IgE-mediated allergic reaction to a food allergen, with testing directed to the suspected allergen. sIgE testing to food allergens should not be performed as a screening test (i.e. in the absence of a history of reaction).

Testing for specific IgE using allergen mixes may provide lower sensitivity and specificity than testing using single allergens.

For enquiries, contact Dr Paul Campbell 07 3121 4444
Patients should contact their referring doctor in regard to this result.

Clinical Notes : Swelling and stiffness bulk bill please

Tests Completed:TSH, LATEX/RHEUMATOID, IRON STUDIES, FBC, SERUM FOLATE
Tests Completed:SERUM VITAMIN B12, SE E/LFT, SE ZINC, SE VIT D, SE C-REACTIVE PROTEIN
Tests Completed:IGE LEVELS, H.PYLORI AB, ESR, CCP, SPECIFIC IGE
Tests Pending :

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Medicare Number: 4359419455  
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Referred By : BONCHIS,DR. SANDA  
Addressee : BONCHIS,DR. SANDA 2288136A  
Lab. Reference: 25-78576684-ZN-0  
Requested: Monday, 19 May 2025  
Performed: Tuesday, 20 May 2025  
Test name: ZINC,SERUM  
Provider name: QML Pathology

Serum Zinc 12 umol/L (10-25)

Clinical Notes : Swelling and stiffness bulk bill please

Tests Completed:TSH, LATEX/RHEUMATOID, IRON STUDIES, FBC, SERUM FOLATE  
Tests Completed:SERUM VITAMIN B12, SE E/LFT, SE ZINC, SE VIT D, SE C-REACTIVE PROTEIN  
Tests Completed:IGE LEVELS, H.PYLORI AB, ESR, CCP

Tests Pending :SPECIFIC IGE

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Referred By : BONCHIS,DR. SANDA
Addressee : BONCHIS,DR. SANDA 2288136A
Lab. Reference: 25-78576684-IGE-0
Requested: Monday, 19 May 2025
Performed: Tuesday, 20 May 2025
Test name: IGE LEVELS
Provider name: QML Pathology

IMMUNOGLOBULIN

IgE (Immunoassay) 30 kIU/L (0-100)

Please Note: The units of this assay (kIU/L) are equivalent to IU/mL.

For enquiries, contact Dr Paul Campbell 07 3121 4444
Patients should contact their referring doctor in regard to this result.

Clinical Notes : Swelling and stiffness bulk bill please

Tests Completed:TSH, LATEX/RHEUMATOID, IRON STUDIES, FBC, SERUM FOLATE
Tests Completed:SERUM VITAMIN B12, SE E/LFT, SE VIT D, SE C-REACTIVE PROTEIN
Tests Completed:IGE LEVELS, H.PYLORI AB, ESR, CCP
Tests Pending :SE ZINC, SPECIFIC IGE

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Phone Enquiries: (07) 3121 4555

Referred By : BONCHIS,DR. SANDA  
Addressee : BONCHIS,DR. SANDA 2288136A  
Lab. Reference: 25-78576684-HPW-0  
Requested: Monday, 19 May 2025  
Performed: Tuesday, 20 May 2025  
Test name: HELICOBACTER PYLORI SERO.  
Provider name: QML Pathology

#### HELICOBACTER PYLORI ANTIBODY

+ Helicobacter pylori IgG 7.95 U/mL (< 0.90)

#### POSITIVE

H. pylori serology is indicated for the evaluation of patients with clinical signs and symptoms of gastrointestinal disease and is not recommended for use with asymptomatic patients.

Diagnosis of H. pylori infection can be made through different testing methods including serology, but detection of the organism (including faecal antigen testing and from culture of the organism from tissue biopsies) or its activity via the urease breath test remain gold-standard tests. Serological detection of H. pylori specific IgG is useful to determine if a patient has had an exposure to H. pylori, but tests of cure following treatment should be limited to direct detection of the organism.

Clinical Notes : Swelling and stiffness bulk bill please

Tests Completed:TSH, LATEX/RHEUMATOID, IRON STUDIES, FBC, SERUM FOLATE  
Tests Completed:SERUM VITAMIN B12, SE E/LFT, SE VIT D, SE C-REACTIVE PROTEIN  
Tests Completed:H.PYLORI AB, ESR, CCP  
Tests Pending :SE ZINC, IGE LEVELS, SPECIFIC IGE

Start Patient : JIMENEZ GARCIA,WENDY J  
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Your Reference :  
QML Reference : 25-78576684  
Medicare Number: 4359419455  
Phone Enquiries: (07) 3121 4555

Referred By : BONCHIS,DR. SANDA  
Addressee : BONCHIS,DR. SANDA 2288136A  
Lab. Reference: 25-78576684-VD-0  
Requested: Monday, 19 May 2025  
Performed: Tuesday, 20 May 2025  
Test name: VITAMIN D,SERUM  
Provider name: QML Pathology

#### CUMULATIVE SERUM VITAMIN D

Date 01/06/23 20/05/25  
Time 17:00 09:00  
Lab No 71814056 78576684  
Vitamin D3 69 74 nmol/L (> 49)

78576684

\*\* Progress report.

Clinical Notes : Swelling and stiffness bulk bill please

Tests Completed:TSH, LATEX/RHEUMATOID, IRON STUDIES, FBC, SERUM FOLATE  
Tests Completed:SERUM VITAMIN B12, SE E/LFT, SE VIT D, SE C-REACTIVE PROTEIN, ESR, CCP  
Tests Pending :SE ZINC, IGE LEVELS, H.PYLORI AB, SPECIFIC IGE

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Your Reference :
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Medicare Number: 4359419455
Phone Enquiries: (07) 3121 4555

Referred By : BONCHIS,DR. SANDA
Addressee : BONCHIS,DR. SANDA 2288136A
Lab. Reference: 25-78576684-CRP-0
Requested: Monday, 19 May 2025
Performed: Tuesday, 20 May 2025
Test name: C REACTIVE PROTEIN
Provider name: QML Pathology

CUMULATIVE SERUM COMPLEMENT AND C-REACTIVE PROTEIN (CRP)
Date 20/05/25
Time 09:00
Lab No 78576684

CRP < 5 mg/L(0-6)

C-reactive protein (CRP) is a non-specific indicator of tissue damage.
The level rises rapidly (within 6-10 hours) after tissue injury, peaks at 48-72 hours and returns to normal within a few days. Common causes of markedly increased CRP include infection (particularly bacterial), trauma, surgery, myocardial infarction, many malignancies and inflammatory disorders.

Clinical Notes : Swelling and stiffness bulk bill please

Tests Completed:TSH, LATEX/RHEUMATOID, IRON STUDIES, FBC, SERUM FOLATE
Tests Completed:SERUM VITAMIN B12, SE E/LFT, SE C-REACTIVE PROTEIN, ESR, CCP
Tests Pending :SE ZINC, SE VIT D, IGE LEVELS, H.PYLORI AB, SPECIFIC IGE

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Phone Enquiries: (07) 3121 4555

Referred By : BONCHIS,DR. SANDA

Addressee : BONCHIS,DR. SANDA  
Lab. Reference: 25-78576684-25T-0  
Requested: Monday, 19 May 2025  
Performed: Tuesday, 20 May 2025  
Test name: E/LFT (MASTER)  
Provider name: QML Pathology

2288136A

CUMULATIVE SERUM BIOCHEMISTRY

| Date     | 01/06/23 | 20/05/25 |                    |
|----------|----------|----------|--------------------|
| Time     | 17:00    | 09:00    |                    |
| Lab No   | 71814056 | 78576684 |                    |
|          | RANDOM   | FASTING  | FASTING            |
| Sodium   | 138      | 140      | mmol/L (137-147)   |
| Potass.  | 3.8      | 3.9      | mmol/L (3.5-5.0)   |
| Chloride | 102      | 106      | mmol/L (96-109)    |
| Bicarb   | 27       | 29       | mmol/L (25-33)     |
| An.Gap   | 13       | 9        | mmol/L (4-17)      |
| Gluc     | 4.7      | 5.2      | mmol/L (3.0-6.0)   |
| Urea     | 5.2      | 6.3      | mmol/L (2.0-7.0)   |
| Creat    | 66       | 69       | umol/L (40-110)    |
| eGFR     | > 90     | > 90     | mL/min (over 59)   |
| Urate    | 0.30     | 0.32     | mmol/L (0.14-0.35) |
| T.Bili   | 10       | 8        | umol/L (2-20)      |
| Alk.P    | 57       | 67       | U/L (30-115)       |
| GGT      | 13       | 13       | U/L (0-45)         |
| ALT      | 16       | 16       | U/L (0-45)         |
| AST      | 21       | 21       | U/L (0-41)         |
| LD       | 140      | 140      | U/L (80-250)       |
| Calcium  | 2.42     | 2.34     | mmol/L (2.15-2.60) |
| Corr.Ca  | 2.38     | 2.35     | mmol/L (2.15-2.60) |
| Phos     | 1.2      | 1.0      | mmol/L (0.8-1.5)   |
| T.Prot   | 70       | 69       | g/L (60-82)        |
| Alb      | 44       | 42       | g/L (35-50)        |
| Glob     | 26       | 27       | g/L (20-40)        |
| Chol     | 5.2      | 5.8      | mmol/L (3.6-6.7)   |
| Trig     | 0.7      | 0.9      | mmol/L (0.3-2.2)   |
| Lab No   | 71814056 | 78576684 |                    |
| Date     | 01/06/23 | 20/05/25 |                    |

Clinical Notes : Swelling and stiffness bulk bill please

Tests Completed:TSH, LATEX/RHEUMATOID, IRON STUDIES, FBC, SERUM FOLATE  
Tests Completed:SERUM VITAMIN B12, SE E/LFT, SE C-REACTIVE PROTEIN, ESR, CCP  
Tests Pending :SE ZINC, SE VIT D, IGE LEVELS, H.PYLORI AB, SPECIFIC IGE

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Referred By : BONCHIS,DR. SANDA  
Addressee : BONCHIS,DR. SANDA  
Lab. Reference: 25-78576684-ISM-0  
Requested: Monday, 19 May 2025  
Performed: Tuesday, 20 May 2025  
Test name: MASTER IRON STUDIES  
Provider name: QML Pathology

2288136A

CUMULATIVE IRON STUDIES  
Date

01/06/23 20/05/25

Time 17:00 09:00  
Lab No 71814056 78576684

|            |    |    |        |          |
|------------|----|----|--------|----------|
| Iron       | 13 | 12 | umol/L | (10-33)  |
| TIBC       | 59 | 61 | umol/L | (45-70)  |
| Saturation | 22 | 20 | %      | (16-50)  |
| Ferritin   | 22 | 15 | ug/L   | (25-290) |

78576684 Comment:  
Low serum ferritin level indicative of mild-moderate iron deficiency.

Clinical Notes : Swelling and stiffness bulk bill please

Tests Completed:TSH, LATEX/RHEUMATOID, IRON STUDIES, FBC, SERUM FOLATE  
Tests Completed:SERUM VITAMIN B12, SE E/LFT, SE C-REACTIVE PROTEIN, ESR, CCP  
Tests Pending :SE ZINC, SE VIT D, IGE LEVELS, H.PYLORI AB, SPECIFIC IGE

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Referred By : BONCHIS,DR. SANDA
Addressee : BONCHIS,DR. SANDA 2288136A
Lab. Reference: 25-78576684-RAW-0
Requested: Monday, 19 May 2025
Performed: Tuesday, 20 May 2025
Test name: RHEUMATOID MASTER
Provider name: QML Pathology

RHEUMATOID SEROLOGY

Rheumatoid Factor (RA latex) < 14 IU/mL (0-14)

COMMENT

Result within normal limits.

Rheumatoid factor (RF) may be detected in up to 60% of patients with rheumatoid arthritis. However RF is also found in other disease states including autoimmune diseases, infective diseases and neoplasia. RF may also be detected in healthy individuals.

Anti-CCP antibody is a specific test for rheumatoid arthritis and has prognostic significance. Anti-CCP antibody testing is recommended in the diagnosis of rheumatoid arthritis.

For enquiries, contact Dr Paul Campbell 07 3121 4444
Patients should contact their referring doctor in regard to this result.

Clinical Notes : Swelling and stiffness bulk bill please

Tests Completed:TSH, LATEX/RHEUMATOID, IRON STUDIES, FBC, SERUM FOLATE
Tests Completed:SERUM VITAMIN B12, SE E/LFT, SE C-REACTIVE PROTEIN, ESR, CCP
Tests Pending :SE ZINC, SE VIT D, IGE LEVELS, H.PYLORI AB, SPECIFIC IGE