Patient Name:	STOCKI, AMANDA		
Patient Address:	4 SCHOONER CT, BURLEIGH COVE 4220		
D.O.B:	19/11/1986	**Sex at Birth:**	F
Medicare No.:	4324854866	**IHI No.:**	
Lab. Reference:	530311880-E-E815	**Provider:**	SNP
Addressee:	DR MARK O LEE	**Referred by:**	Dr Mark Lee
Date Requested:	9/07/2025	**Date Performed:**	10/07/2025
Date Collected:	10/07/2025	**Complete:**	Final
Specimen:			
Subject(Test Name):	S-REVERSE T3		
Clinical Information:			

Clinical Notes : pregnancy work up

Reverse T3

Reverse T3	728 H	(140 - 540)	pmol/L

MN

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

Tests Completed: TFTH,Reverse T3,AMH (Roche Plus)
Tests Pending :
Sample Pending :