



Patient Details

NHI NEM3919 Name Clement, Christopher
 DOB 25-Jun-1986 Gender M

Request No	Requested By	Specimen Received	Specimen Collected	Copies sent to	Report Status	Report Date
25T8146634	MyWay, Pathlab	15/08/2025 08:27	15/08/2025 08:15		Final	19/08/2025 07:55

Immunology: 25-OH Vitamin D

Test Name	Result	Units	Ref Interval	Status
25-OH Vitamin D	107	nmol/L	50-150	

Comment

Indications for measuring 25-OH vitamin D include symptoms or signs suggestive of rickets, osteomalacia, or other bone disorders and proximal myopathy. Asymptomatic patients at risk for vitamin D deficiency or insufficiency can be safely supplemented with no need for follow-up testing (see 2016 BPAC guidelines, also for guidance for dosage).

Referral Lab: Zinc

Test Name	Result	Units	Ref Interval	Status
Zinc	12.5	umol/L	9 - 17 (see text)	

The reference interval quoted is for non-fasting, random samples. Values are slightly higher for fasting, morning samples (10.7 - 18.3 umol/L).
 As Zinc is highly protein-bound, calculation of an adjusted Zinc level is appropriate for hypoproteinemic patients:
 Adjusted plasma Zinc = Zinc x (77 / Total Protein g/L).
 Dr Stephen Du Toit, Chemical Pathologist.

Referral Lab: Copper

Test Name	Result	Units	Ref Interval	Status
Copper	12.2	umol/L	11.8 - 22.8	

Referral Lab: Insulin

Test Name	Result	Units	Ref Interval	Status
Insulin	128	pmol/L	see text	

The ADULT fasting range for this assay is stated to be from 18 - 173 pmol/L, however insulin results should be interpreted in conjunction with concomitant glucose levels.
 Enzymes released from red cells cause enzymatic degradation of insulin, causing falsely low insulin results. Insulin decreases at approximately 10% /hour per g/L Hb (= Haemolysis).
 Clinicians are welcome to contact me on 021 245 8325.
 Dr Stephen du Toit, Chemical Pathologist.

Referral Lab: Homocysteine

Test Name	Result	Units	Ref Interval	Status
Homocysteine	11	umol/L	5 - 15 (see text)	

Mildly increased homocysteine levels are associated an increasing CVD risk. Lowering homocysteine with B vitamins does not decrease CVD risk except in patients with marked elevations due to hereditary causes.
 Fibrates increase homocysteine without increasing CVD risk. Homocysteine testing is not recommended in the assessment of CVD risk.
 Dr Stephen du Toit, Chemical Pathologist, 021 245 8325

These results have been validated & released under laboratory protocols