

UR No: NA Dr Ref:
Patient: JENESSA MITREVSK
Address: 3/275 CANTERBURY RD
Postcode: 3153 Phone:
DOB: 11/02/93 Sex: F Age: 32 Years
Tests Requested: TFT,BFO,AND,THA,TRB,VID,ZNS,CUS
* = Tests Outstanding

Lab Number: 25-29094188
Receipt Date: 13/08/25 @ 10:36
Collected: 13/08/25 @ 09:15
Printed: 19/08/25 @ 10:41
Test: AND

To: JENESSA MITREVSK
3/275 CANTERBURY RD
BAYSWATER NORTH 3153

Doctor: Ref. by DR.FANDY WANG

SERUM ANDROGENIC HORMONE INVESTIGATION

		Ref. Range	
Total Testosterone :	0.9 nmol/L	(0.3-1.9)	
Dehydroepiandrosterone Sulphate :	3.4 umol/L	(2.2-7.9)	
Sex Hormone Binding Globulin :	143 nmol/L	(18-114)	***
Calculated Free Testosterone :	5 pmol/L	(4-32)	

No calculated free testosterone will be reported if testosterone or SHBG is outside our measuring range.

Testosterone, SHBG and DHEA Method: Siemens Immunoassay.

Note: Serum testosterone and DHEAS concentrations may be falsely increased and SHBG concentration may be falsely decreased in people taking biotin supplements. Unless medical contraindicated, supplements should be withheld at least 3-5 days before testing.

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To: JENESSA MITREVSK 3/275 CANTERBURY RD BAYSWATER NORTH 3153	Doctor: Ref. by DR.FANDY WANG

THYROID FUNCTION TESTS (SERUM)

	Ref.Range
Free Thyroxine (Free T4) :	16.2 pmol/L (10.0-23.0)
Thyroid Stimulating Hormone (TSH) :	1.83 mIU/L (0.50-4.00)
Free Triiodothyronine (Free T3) :	4.5 pmol/L (3.5-6.5)

Results indicate normal thyroid function.
Note that TSH should NOT be used to adjust thyroxine treatment in people with pituitary disease.
Medical professionals: Please contact a pathologist if required on (03) 9244 0444.

Method: Siemens Immunoassay

Note: Free T4 results should be interpreted with caution in patients taking high-dose biotin therapy due to possible interference with this test.

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To: JENESSA MITREVSK 3/275 CANTERBURY RD BAYSWATER NORTH 3153	Doctor: Ref. by DR.FANDY WANG

SERUM THYROID ANTIBODIES

Anti-Thyroid Peroxidase :	< 6.6 IU/mL	Ref. Range (< 13.8)
Anti-Thyroglobulin :	< 1.3 IU/mL	(< 4.5)

Anti-thyroid peroxidase and thyroglobulin antibodies are markers of autoimmune thyroid disease (Hashimoto's disease and Graves' disease) although they may be detected in many healthy people as well. Treatment should be guided by symptoms and thyroid function tests rather than by antibody concentrations.

Method: Siemens Immunoassay

Note: As of 06/05/2025, Dorevitch Pathology has changed to a reformulated Atellica Thyroid Peroxidase Antibody assay with an updated reference interval. Values from the new assay formulation are not directly comparable to the previous method and differences in individual patient results may be observed. For Further information, please contact a Chemical Pathologist on 03 9244 0207.

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Test: **TRB**

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TSH RECEPTOR ANTIBODIES

TRAb < 0.10 IU/L (< 0.55)

TSH Receptor antibody (TRAb) measurement is useful in the diagnosis and management of Graves' disease.

Principle: This assay (Siemens' Immulite immunoassay) detects antibodies which are able to link two different recombinant hTSH receptors, one bound to a solid phase and the other incorporating an enzyme label. This is thought to give a better indication of antibodies that will bind and activate the TSH receptor compared with assays that simply measure binding.

Note: Results from this assay cannot be directly compared with those of other immunoassays.

Please note the reference interval has been changed from 09/08/2016.

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SERUM 25 - HYDROXY VITAMIN D

Date	Lab. No.	25 - Hydroxy Vitamin D (nmol/L)	Ref. Range (> 50)
09/08/23	93849284	186	**
30/01/24	46792296	122	
21/12/24	96914417	85	
13/08/25	29094188	92	

Method: DiaSorin Liaison XL immunoassay. Note that this test cannot be used to monitor patients taking exclusively 1,25 dihydroxy Vitamin D (Calcitriol).

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Healun Pathology Pty Ltd, ABN 84 007 190 043 APA No. 000642, trading as Dorevitch Pathology 18 Banksia Street Heidelberg Victoria 3084

HEIDELBERG LABORATORY

Phone: 03 9244 0444

Pathologist: Dr. James Knox

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SERUM VITAMIN B12 AND FOLATE

Date: 13/08/25
Time: 09:15
Lab.No: 29094188

		Ref.
		Units Range
Vitamin B12	: 729	pmol/L (150-700)
Serum Folate	: > 54.0	nmol/L (> 9.0)

Vitamin B12 within reference interval. Tissue deficiency is unlikely.

If further information is required, please contact a Chemical Pathologist on 9244 0207.

Medicare Update - Vitamin B12 Testing (Effective 1 July 2025)

Vitamin B12 can be assessed with either Total B12 or Active B12. Recent evidence review suggests equivalent diagnostic performance. Active B12 may be preferred in pregnancy or haematological malignancy.

Homocysteine is also recommended when B12 therapy fails to improve symptoms, as it assesses functional B12 deficiency.

Vitamin B12 method: Siemens Immunoassay

Note: Serum folate concentration may be falsely increased in people taking biotin supplements. Unless medical contraindicated, supplements should be withheld at least one week before testing.

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