ZAFER, MELISSA NICOLE
U 5/112 DUNDAS ST, THORNBURY. 3071
Birthdate: 09/05/1971 **Sex:** F **Medicare Number:** 61251442781
Your Reference: **Lab Reference:** 25-92930400-BFO-0
Laboratory: DOREVITCH PATHOLOGY
Addressee: DR CATE PORTER **Referred by:** DR CATE PORTER

Name of Test: B12,FOLATE
Requested: 01/07/2025 **Collected:** 22/07/2025 **Reported:** 22/07/2025 22:44

SERUM VITAMIN B12 AND FOLATE

Date:		**17/08/18**	**18/02/22**	**22/07/25**		
Time:		**10:30**	**08:21**	**00:00**		
Lab.No:		**39758026**	**36320347**	**92930400**		
					Units	**Ref. Range**
Vitamin B12	:	**729**	349	593	pmol/L	(150-700)
Serum Folate	:	43.0			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. This test requires specialised collection and cannot be reflexed.

Vitamin B12 method: Siemens Immunoassay

Requested Tests : AND*, CRP*, COL*, BFO, FES*, VID*, GS*, LIP*, MBI*, GHB*, FBE*, TFT*, AML*

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Your Reference: **Lab Reference:** 25-92930400-MBI-0
Laboratory: DOREVITCH PATHOLOGY
Addressee: DR CATE PORTER **Referred by:** DR CATE PORTER

Name of Test: GENERAL BIOCHEMISTRY
Requested: 01/07/2025 **Collected:** 22/07/2025 **Reported:** 22/07/2025 23:04

SERUM/PLASMA BIOCHEMISTRY

			Ref.Range	2024
Sodium :	140	mmol/L	(135-145)	
Potassium :	4.4	mmol/L	(3.5-5.2)	
Chloride :	107	mmol/L	(95-110)	
Bicarbonate :	27	mmol/L	(22-32)	
Urea :	8.2	mmol/L	(3.0-8.4)	
Est.GFR(mL/min) :	75	per 1.73sqm	(> 60)	
Creatinine :	77	umol/L	(40-90)	
Total Bilirubin :	9	umol/L	(0-20)	
Ala. Aminotransferase (ALT) :	↓ 27	U/L	(< 35)	44
Asp. Aminotransferase (AST) :	↓ 27	U/L	(< 35)	33
Alkaline Phosphatase (ALP) :	↓ 55	U/L	(30-110)	81
Gamma Glutamyl Trans. (GGT) :	↓ 36	U/L	(< 35)	63 *
Total Protein :	66	g/L	(60-80)	
Albumin :	39	g/L	(36-49)	
Globulin :	27	g/L	(22-40)	

Requested Tests : AND*, CRP, COL*, BFO, FES*, VID, GS, LIP, MBI, GHB*, FBE*, TFT, AML*

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U 5/112 DUNDAS ST, THORNBURY. 3071
Birthdate: 09/05/1971 **Sex:** F **Medicare Number:** 61251442781
Your Reference: **Lab Reference:** 25-92930400-LIP-0
Laboratory: DOREVITCH PATHOLOGY
Addressee: DR CATE PORTER **Referred by:** DR CATE PORTER

Name of Test: LIPID STUDIES
Requested: 01/07/2025 **Collected:** 22/07/2025 **Reported:** 22/07/2025 23:04

SERUM/PLASMA LIPID STUDIES - Fasting

			2024
Total Chol:	↓ 5.5	mmol/L	5-6
Triglyceride:	↑ 0.9	mmol/L	0.7
HDL - C:	↑ 2.1	mmol/L	2.0
LDL - C:	↓ 3.0	mmol/L	3.3
NON HDL - C:	3.4	mmol/L	
Chol/HDL Ratio:	2.6		

Therapeutic targets vary depending on the patient's cardiovascular risk profile.

	T.Chol	Trig	HDL-C	LDL-C	Non HDL-C
Primary Prevention:	<4.0	<2.0	>=1.0	<2.0	<2.5
Secondary Prevention:		<2.0	>=1.0	<1.8	<2.5

National Vascular Disease Prevention Alliance Guidelines 2012.
http://strokefoundation.com.au

National Heart Foundation Guidelines 2012.
http://www.heartfoundation.org.au

Note: The Chol/HDL ratio reflects changes in VLDL, LDL and HDL, with high values indicating an increased risk of atherosclerosis.
Target values < 3.5 are sometimes recommended for people with known vascular disease or others at high risk.

Target LDL is less than 2.0 mmol/L in people with
- A personal or strong family history of vascular disease
- Diabetes
- Aboriginal or Torres Strait Islander ancestry

Requested Tests : AND*, CRP, COL*, BFO, FES*, VID, GS, LIP, MBI, GHB*, FBE*, TFT, AML*

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U 5/112 DUNDAS ST, THORNBURY. 3071
Birthdate: 09/05/1971 **Sex:** F **Medicare Number:** 61251442781
Your Reference: **Lab Reference:** 25-92930400-CRP-0
Laboratory: DOREVITCH PATHOLOGY
Addressee: DR CATE PORTER **Referred by:** DR CATE PORTER

Name of Test: C-REACTIVE PROTEIN
Requested: 01/07/2025 **Collected:** 22/07/2025 **Reported:** 22/07/2025 23:04

SERUM C-REACTIVE PROTEIN (CRP)

Date	Lab. No.	CRP	Ref Range (< 4)
22/06/24	51393899	< 1	
22/07/25	92930400	↑ < 3 mg/L	

Note: The CRP method and reference limit has changed from 31/03/2025.
The results are comparable to the previous assay.

Requested Tests : AND*, CRP, COL*, BFO, FES*, VID, GS, LIP, MBI, GHB*, FBE*, TFT, AML*

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U 5/112 DUNDAS ST, THORNBURY. 3071
Birthdate: 09/05/1971 **Sex:** F **Medicare Number:** 61251442781
Your Reference: **Lab Reference:** 25-92930400-FES-0
Laboratory: DOREVITCH PATHOLOGY
Addressee: DR CATE PORTER **Referred by:** DR CATE PORTER

Name of Test: IRON STUDIES
Requested: 01/07/2025 **Collected:** 22/07/2025 **Reported:** 22/07/2025 23:09

SERUM IRON-STUDIES

Date:22/07/25
Time:00:00
Lab.No:92930400

2019 2022 2024

			Units	Ref. Range
Ferritin:	59	30 64 59	ug/L	(30-300)
Iron:	14		umol/L	(7-27)
Transferrin:	2.3		g/L	(2.0-3.6)
Transferrin Sat:	24		%	(13-47)

Medical professionals: Please contact a pathologist on 03 9244 0444 if required.

Method: Siemens Immunoassay

Requested Tests : AND*, CRP, COL*, BFO, FES, VID, GS, LIP, MBI, GHB*, FBE*, TFT, AML*

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Birthdate: 09/05/1971 **Sex:** F **Medicare Number:** 61251442781
Your Reference: **Lab Reference:** 25-92930400-COL-0
Laboratory: DOREVITCH PATHOLOGY
Addressee: DR CATE PORTER **Referred by:** DR CATE PORTER

Name of Test: CORTISOL (SERIAL)
Requested: 01/07/2025 **Collected:** 22/07/2025 **Reported:** 22/07/2025 23:56

SERUM CORTISOL

Time	Cortisol	Ref.Range
Time not known	↓ 587 nmol/L	2024 712 AM:119-618, PM:85-460

Low serum cortisol
1. Adrenal insufficiency (Addison's disease or pituitary failure)
2. Diurnal variation (high in the morning, low at midnight)
3. Steroid therapy (steroids suppress endogenous cortisol production)
4. Normal response to Dexamethasone is serum cortisol < 50 nmol/L
5. Decreased cortisol binding globulin (e.g. nephrotic syndrome)

High serum cortisol
1. Stress
2. Exogenous steroids (prednisone, hydrocortisone, cortisone)
3. Cushing's syndrome (pituitary, adrenal or ectopic ACTH)
4. Increased cortisol binding globulin (e.g. pregnancy, oral contraceptive pill)

Method: Siemens Immunoassay

Requested Tests : AND, CRP, COL, BFO, FES, VID, GS, LIP, MBI, GHB*, FBE, TFT, AML

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Birthdate: 09/05/1971 **Sex:** F **Medicare Number:** 61251442781
Your Reference: **Lab Reference:** 25-92930400-AND-0
Laboratory: DOREVITCH PATHOLOGY
Addressee: DR CATE PORTER **Referred by:** DR CATE PORTER

Name of Test: ANDROGENIC HORMONE INVEST
Requested: 01/07/2025 **Collected:** 22/07/2025 **Reported:** 22/07/2025 23:48

SERUM ANDROGENIC HORMONE INVESTIGATION

		Ref.Range
Dehydroepiandrosterone Sulphate :	1.9 umol/L	(1.3-6.2)
Sex Hormone Binding Globulin :	96 nmol/L	(18-114)

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.

Requested Tests : AND, CRP, COL*, BFO, FES, VID, GS, LIP, MBI, GHB*, FBE, TFT, AML