



Referrer Ms Lisa Mcdonald
Address INDIGO SAGE HEALTH PO BOX 51
GLADESVILLE NSW 2111
Phone 0422009192

Your ref. 844931782
Address 408/156 TERRIGAL DRIVE
TERRIGAL NSW 2260
Phone 0439930226

Copy to Dr Christabelle Yeoh (0243220700)

Requested 27/05/2020
Collected 27/05/2020 08:00 AEDT
Received 27/05/2020 11:34 AEDT

Zinc

Zinc-plasma 25.2 H umol/L 9.0 - 19.0

Comments

Reported by Sullivan and Nicolaides Pathology, a member of the Sonic Healthcare Group.

NATA ACCREDITATION NO 2178

Heavy Metals

Serum Copper 17 umol/L 12 - 22

Supervising Pathologist: GC, NT

NATA ACCREDITATION NO 2178

Chromogranin A 49 ug/L <102

Comments

Chromogranin A is a tumour marker for neuro-endocrine tumours. Mild elevations have been reported in benign conditions such as chronic gastritis, chronic renal failure, inflammatory bowel disease, rheumatoid arthritis and irritable bowel syndrome. Moderate to high levels are seen in patients on proton pump inhibitors and H2-blockers. Elevations are occasionally associated with adenocarcinomas such as prostate cancer and reflect the presence of a neuro-endocrine element.

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Homocysteine

Homocysteine **4.3 L** umol/L 5.0 - 12.0

Supervising Pathologist: GC, NT

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Blood Histamine

Test Name	Result	Units	Reference Interval
B-Histamine	0.5	umol/L	0.2 - 2.0

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Random Urine Iodine

R-U-Creatinine	12.8	mmol/L
Urine iodine	35	ug/L

Comments

WHO classification of iodine deficiency: Urine Iodine levels

Not Iodine deficient:	> 100 ug/L
Mild Iodine deficiency:	50 - 100 ug/L
Moderate Iodine deficiency:	20 - 49 ug/L
Severe Iodine deficiency:	< 20 ug/L

To convert Iodine ug/L to Iodine nmol/L

ug/L x 7.88 = nmol/L

NHMRC recommends supplementation of 150ug/day of Iodine to ensure that all women who are pregnant, breastfeeding or considering pregnancy have adequate Iodine status. Women should not take kelp (seaweed) supplements or kelp based products because they may contain varying levels of Iodine and may be contaminated with heavy metals such as mercury.

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Reverse Triiodothyronine

Reverse T3	629 H	pmol/L	140 - 540
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Vitamin B12 and Folate

Test Name	Result	Units	Reference Interval
● Vitamin B12	1617 H	pmol/L	135 - 650
Serum Folate	36.2	nmol/L	> 7.0
Red Cell Folate	1005	nmol/L	> 150

Comments

From 8 March 2014, active B12 (holotranscobalamin) testing will be performed on all patients with low or equivocal (at or below 340 pmol/L) total B12 results. Both tests are eligible for a Medicare rebate under these circumstances.

From 1st November 2014, Medicare rebates for folate testing will apply to patients at risk of folate deficiency such as in coeliac disease. Serum folate will be performed as an initial test with red cell folate performed additionally, if required, when the initial serum folate is low.

Supervising Pathologist: GC, NT

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Mast Cell Tryptase

Tryptase	6.36	ug/L	<13.50
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Comments

Levels may be elevated with systemic mastocytosis/urticaria pigmentosa as well as following mast cell degranulation (usually after insect sting or parenteral drug reactions). Follow up testing of elevated levels is recommended to exclude mastocytosis and monitor progression of this disorder. Few patients with anaphylaxis induced by food allergens or oral drugs will have elevated tryptase levels. All patients with insect sting allergy should have their Tryptase checked. (ImmunoCAP 250)

Supervising Pathologist: KB

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Leptin

Leptin: 11.5 ng/mL (3.7-11.1)

Reference interval applies to fasting specimens.

Please Note: Testing performed at Royal Prince Alfred Hospital

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