

TORRESAN, DAVID
 2 LAURISTON DR, COLDSTREAM. 3770
 Phone: 0411511166
 Birthdate: 20/02/1988 Sex: M Medicare Number: 3409675806
 Your Reference: 00005919 Lab Reference: 379734631-C-C950
 Laboratory: Melbourne Pathology
 Addressee: DR CYRIL MONTEIRO Referred by: DR CYRIL MONTEIRO

Name of Test: SE- CHEMISTRY
 Requested: 16/02/2022 Collected: 16/02/2022 Reported: 17/02/2022
 11:30

MULTIPLE BIOCHEMICAL ANALYSIS - Serum

Date	18/10/18	16/02/22		Units	Reference
Time	0930	N/A			
Lab Id.	349784900	379734631			
S SODIUM	141	143		mmol/L	(135-145)
S POTASSIUM	4.1	3.5		mmol/L	(3.5-5.5)
S CHLORIDE	101	102		mmol/L	(95-110)
S BICARB	25	23		mmol/L	(20-32)
S UREA	5.3	5.7		mmol/L	(3.0-8.0)
S CREAT	74	76		umol/L	(60-110)
eGFR	>90	>90		umol/L	(4-20)
S T-BIL	10	10		U/L	(35-110)
S ALP	70	69		U/L	(5-50)
S GGT	61 H	69 H		U/L	(5-40)
S ALT	41 H	39		U/L	(10-40)
S AST	27	25		g/L	(66-83)
S T-PROTEIN	75	74		g/L	(36-47)
S ALBUMIN	44	45		g/L	(23-41)
S GLOBULIN	31	29		mmol/L	(2.15-2.55)
S CALCIUM		2.51		mmol/L	(2.15-2.55)
S CA (Corr)		2.41		mmol/L	(0.20-0.50)
S URIC ACID		0.47		U/L	(45-250)
S CK		196		mmol/L	
S GLU (Fast)		:US		U/L	(10-55)
S LIPASE		29			
Code Key					
:US = Unsatisfactory specimen					

Comments on Collection 16/02/22 N/A:

EUC

eGFR is greater than 90 mL/min/1.73m². No evidence of kidney disease.

GF

Glucose result not available due to a delay in centrifugation of the serum sample. Suggest repeat using a fluoride oxalate (grey top) tube if clinically indicated.

Serum lipase has now replaced amylase as the preferred test in pancreatitis due to its improved sensitivity and specificity.

If you still require serum amylase or for clinical enquiries please contact Chemical Pathologist Dr Ken Sikaris on 9287 7720.

Department Supervising Pathologist: Dr Ken Sikaris

Melbourne Pathology NATA No.:2133

Tests Completed: IS, FLS, CA, TSH, EUC, LFT, GF, CK, VITD, FOL, B12, UA, LIP, FBE, AMYLASE

TORRESAN, DAVID
2 LAURISTON DR, COLDSTREAM. 3770
Phone: 0411511166
Birthdate: 20/02/1988 Sex: M Medicare Number: 3409675806
Your Reference: 00005919 Lab Reference: 379734631-C-C316
Laboratory: Melbourne Pathology
Addressee: DR CYRIL MONTEIRO Referred by: DR CYRIL MONTEIRO

Name of Test: SE-VITAMIN D
Requested: 16/02/2022 Collected: 16/02/2022 Reported: 17/02/2022
05:30

Date 16/02/22
Time N/A
Lab Id. 379734631

Units Reference
nmol/L (50-250)

S 25OH VIT D 75

Department Supervising Pathologist: Dr Ken Sikaris

Melbourne Pathology NATA No.:2133

Tests Completed: IS,FLS,CA,TSH,EUC,LFT,CK,VITD,FOL,B12,UA,LIP,FBE, AMYLASE
MARKER
Tests Pending : GF
Sample Pending :

TORRESAN, DAVID
2 LAURISTON DR, COLDSTREAM. 3770
Phone: 0411511166
Birthdate: 20/02/1988 Sex: M Medicare Number: 3409675806
Your Reference: 00005919 Lab Reference: 379734631-C-C187
Laboratory: Melbourne Pathology
Addressee: DR CYRIL MONTEIRO Referred by: DR CYRIL MONTEIRO

Name of Test: SE-THYROID VIRTUAL
Requested: 16/02/2022 Collected: 16/02/2022 Reported: 17/02/2022
05:30

THYROID FUNCTION TESTS - Serum

Date	18/10/18	16/02/22		
Time	0930	N/A		
Lab Id.	349784900	379734631	Units	Reference
			mU/L	(0.5-5.5)

S TSH(Roche) 2.39 1.46

Comments on Collection 16/02/22 N/A:

TSH

A normal TSH is consistent with an euthyroid state.

Department Supervising Pathologist: Dr Ken Sikaris

Melbourne Pathology NATA No.:2133

Tests Completed: IS, FLS, CA, TSH, EUC, LFT, CK, VITD, FOL, B12, UA, LIP, FBE, AMYLASE
MARKER
Tests Pending : GF
Sample Pending :

ESAN, DAVID
AURISTON DR, COLDSTREAM. 3770
ne: 0411511166
thdate: 20/02/1988 Sex: M Medicare Number: 3409675806
r Reference: 00005919 Lab Reference: 379734631-C-C329
poratory: Melbourne Pathology
dressee: DR CYRIL MONTEIRO Referred by: DR CYRIL MONTEIRO

me of Test: SE-B12/FOLATE VIRT
equested: 16/02/2022 Collected: 16/02/2022 Reported: 17/02/2022
:30

B12/FOLATE - Serum

Date	18/10/18	16/02/22		
Time	0930	N/A		
Lab Id.	349784900	379734631	Units	Reference
S FOLATE	35.3	43.0	nmol/L	(>6.0)
S TOTAL B12	308	377	pmol/L	(200-700)

Comments on Collection 16/02/22 N/A:

B12
High dose biotin (>5 mg/day) may artefactually increase total Vitamin B12 and Folate results obtained by this method. If the patient is taking 5-20 mg/day of biotin, suggest withhold for at least 8 hours before blood test (if taking 300 mg/day, withhold for at least 72 hours).
For clinical enquiries please contact Chemical Pathologist Dr Ken Sikaris on 9287 7720.

Department Supervising Pathologist: Dr Ken Sikaris

Melbourne Pathology NATA No.:2133

Tests Completed: IS,FLS,CA,TSH,EUC,LFT,CK,VITD,FOL,B12,UA,LIP,FBE, AMYLASE

MARKER

Tests Pending : GF

Sample Pending :

TORRESAN, DAVID
 2 LAURISTON DR, COLDSTREAM. 3770
 Phone: 0411511166
 Birthdate: 20/02/1988 Sex: M Medicare Number: 3409675806
 Your Reference: 00005919 Lab Reference: 379734631-C-C010
 Laboratory: Melbourne Pathology
 Addressee: DR CYRIL MONTEIRO Referred by: DR CYRIL MONTEIRO

Name of Test: SE-IRON STUDIES
 Requested: 16/02/2022 Collected: 16/02/2022 Reported: 17/02/2022
 05:30

Date	18/10/18	16/02/22	Units	Reference
Time	0930	N/A		
Lab Id.	349784900	379734631		
S IRON	24	21	umol/L	(5-30)
S TRF	2.9	2.8	g/L	(2.0-3.2)
S TRF SAT	33	30	%	(10-45)
S FERRITIN	128	133	ng/mL	(30-500)

Department Supervising Pathologist: Dr Ken Sikaris

Melbourne Pathology NATA No.:2133

Tests Completed: IS,FLS,CA,TSH,EUC,LFT,CK,VITD,FOL,B12,UA,LIP,FBE, AMYLASE
 MARKER

Tests Pending : GF
 Sample Pending :

TORRESAN, DAVID
 2 LAURISTON DR, COLDSTREAM. 3770
 Phone: 0411511166
 Birthdate: 20/02/1988 Sex: M Medicare Number: 3409675806
 Your Reference: 00005919 Lab Reference: 379734631-H-H900
 Laboratory: Melbourne Pathology
 Addressee: DR CYRIL MONTEIRO Referred by: DR CYRIL MONTEIRO

Name of Test: ED-HAEMATOLOGY
 Requested: 16/02/2022 Collected: 16/02/2022 Reported: 17/02/2022
 05:30

HAEMATOLOGY - Blood/EDTA

Date	18/10/18	16/02/22		
Time	0930	N/A		
Lab Id.	349784900	379734631	Units	Reference
HAEMOGLOBIN	161	145	g/L	(130-180)
Hct	0.50	0.44		(0.39-0.51)
RBC	5.3	4.8	x10*12/L	(4.3-5.8)
MCV	93	93	fL	(80-100)
MCH	30	31	pg	(27-34)
MCHC	325	329	g/L	(310-360)
RDW	12.8	13.2		(11-17)
PLATELETS	200	181	x 10*9/L	(150-450)
WHITE CELLS	6.5	5.2	x10*9/L	(4.0-11.0)
Neutrophils	3.7	2.9	x10*9/L	(2.0-7.5)
Lymphocytes	2.3	1.6	x10*9/L	(1.0-4.0)
Monocytes	0.4	0.5	x10*9/L	(0-1.0)
Eosinophils	0.1	0.1	x10*9/L	(0-0.5)
Basophils	0.0	0.0	x10*9/L	(0-0.3)
ESR	4		mm/hr	(1-10)

Dept Supervising Pathologist: Dr Ellen Maxwell

Melbourne Pathology NATA No.:2133

Tests Completed: IS,FLS,CA,TSH,EUC,LFT,CK,VITD,FOL,B12,UA,LIP,FBE, AMYLASE
 MARKER
 Tests Pending : GF
 Sample Pending :

TORRESAN, DAVID
 2 LAURISTON DR, COLDSTREAM. 3770
 Phone: 0411511166
 Birthdate: 20/02/1988 Sex: M Medicare Number: 3409675806
 Your Reference: 00005919 Lab Reference: 379734631-C-C012
 Laboratory: Melbourne Pathology
 Addressee: DR CYRIL MONTEIRO Referred by: DR CYRIL MONTEIRO

Name of Test: SE-LIPID - HDL/LDL
 Requested: 16/02/2022 Collected: 16/02/2022 Reported: 17/02/2022
 05:30

Date	18/10/18	16/02/22		
Time	0930	N/A	Units	Reference
Lab Id.	349784900	379734631		
S CHOL	5.7 H	5.3	mmol/L	(3.5-5.5)
S TRIG	2.2 H	1.8 H	mmol/L	(<1.5)
S HDL-CHOL	1.15	1.11	mmol/L	(>1.00)
S LDL-CHOL	3.5 H	3.4	mmol/L	(<3.5)
S CHOL/HDLC	5.0 H	4.8 H		(<4.5)
S Non HDLC		4.2 H	mmol/L	(<3.9)

Comments on Collection 16/02/22 N/A:

FLS

TARGET LEVELS:

The National Vascular Disease Prevention Alliance (NVDPA) treatment target levels for high risk people (known coronary heart and other arterial disease, diabetes, chronic renal failure, Aboriginal and Torres Strait Islander peoples) are:

Total Cholesterol	<4.0	mmol/L
HDL-Cholesterol	>=1.00	mmol/L
Fasting Triglycerides	<2.0	mmol/L
Non-HDL Cholesterol	<2.5	mmol/L

Increased non-HDL Cholesterol is a significant marker for subclinical atherosclerosis (ref: Cardiology Today 2013; 3(2) : pp25-27).

Department Supervising Pathologist: Dr Ken Sikaris

Melbourne Pathology NATA No.:2133

Tests Completed: IS, FLS, CA, TSH, EUC, LFT, CK, VITD, FOL, B12, UA, LIP, FBE, AMYLASE MARKER

Tests Pending : GF

Sample Pending :

TORRESAN, ROCHELLE
2 LAURISTON DR, COLDSTREAM. 3770
Phone: 0434462572
Birthdate: 27/03/1987 Sex: F Medicare Number: 3409675806
Your Reference: 00005933 Lab Reference: 385322002-C-C012
Laboratory: Melbourne Pathology
Addressee: DR CYRIL MONTEIRO Referred by: DR CYRIL MONTEIRO

Name of Test: SE-LIPID - HDL/LDL
Requested: 18/02/2022 Collected: 18/02/2022 Reported: 19/02/2022
05:30

Date	18/02/22	Units	Reference
Time	N/A		
Lab Id.	385322002		
S CHOL	5.2	mmol/L	(3.5-5.5)
S TRIG	1.9 H	mmol/L	(<1.5)
S HDL-CHOL	1.13 L	mmol/L	(>1.20)
S LDL-CHOL	3.2	mmol/L	(<3.5)
S CHOL/HDL	4.6 H		(<4.5)
S Non HDL	4.1 H	mmol/L	(<3.9)

Comments on Collection 18/02/22 N/A:
FLS

TARGET LEVELS:

The National Vascular Disease Prevention Alliance (NVDPA) treatment target levels for high risk people (known coronary heart and other arterial disease, diabetes, chronic renal failure, Aboriginal and Torres Strait Islander peoples) are:

Total Cholesterol	<4.0	mmol/L
HDL-Cholesterol	>=1.00	mmol/L
Fasting Triglycerides	<2.0	mmol/L
Non-HDL Cholesterol	<2.5	mmol/L

Increased non-HDL Cholesterol is a significant marker for subclinical atherosclerosis (ref: Cardiology Today 2013; 3(2) : pp25-27).

Department Supervising Pathologist: Dr Ken Sikaris

Melbourne Pathology NATA No.:2133

Tests Completed: IS,FLS,CA,TSH,EUC,LFT,CK,FOL,B12,UA,LIP,HOL-TC,FBE, AMYLASE
MARKER

Tests Pending : VITD,ESR

Sample Pending :

TORRESAN, ROCHELLE
 2 LAURISTON DR, COLDSTREAM. 3770
 Phone: 0434462572
 Birthdate: 27/03/1987 Sex: F Medicare Number: 3409675806
 Your Reference: 00005933 Lab Reference: 385322002-C-C950
 Laboratory: Melbourne Pathology
 Addressee: DR CYRIL MONTEIRO Referred by: DR CYRIL MONTEIRO

Name of Test: SE- CHEMISTRY
 Requested: 18/02/2022 Collected: 18/02/2022 Reported: 19/02/2022
 05:30

MULTIPLE BIOCHEMICAL ANALYSIS - Serum

Date	17/05/18	18/02/22		
Time	1600	N/A		
Lab Id.	346372823	385322002	Units	Reference
S SODIUM	143	142	mmol/L	(135-145)
S POTASSIUM	4.6	4.2	mmol/L	(3.5-5.5)
S CHLORIDE	98	104	mmol/L	(95-110)
S BICARB	24	24	mmol/L	(20-32)
S UREA	2.8	4.8	mmol/L	(2.5-7.0)
S CREAT	63	63	umol/L	(45-85)
eGFR	>90	>90		
S T-BIL	6	9	umol/L	(3-15)
S ALP	93	76	U/L	(20-105)
S GGT	22	23	U/L	(5-35)
S ALT	39 H	19	U/L	(5-30)
S AST	30	16	U/L	(10-35)
S T-PROTEIN	76	71	g/L	(64-81)
S ALBUMIN	38	38	g/L	(33-46)
S GLOBULIN	38	33	g/L	(23-41)
S CALCIUM		2.33	mmol/L	(2.15-2.55)
S CA (Corr)		2.37	mmol/L	(2.15-2.55)
S URIC ACID		0.29	mmol/L	(0.15-0.40)
S CK		65	U/L	(30-150)
S GLU (Rand)	4.8		mmol/L	(3.6-7.7)
S LIPASE		35	U/L	(10-55)

Comments on Collection 18/02/22 N/A:
 EUC

eGFR is greater than 90 mL/min/1.73m2. No evidence of kidney disease.

Serum lipase has now replaced amylase as the preferred test in pancreatitis due to its improved sensitivity and specificity.

If you still require serum amylase or for clinical enquiries please contact Chemical Pathologist Dr Ken Sikaris on 9287 7720.

Department Supervising Pathologist: Dr Ken Sikaris

Melbourne Pathology NATA No.:2133

Tests Completed: IS,FLS,CA,TSH,EUC,LFT,CK,FOL,B12,UA,LIP,HOLO-TC,FBE, AMYLASE
 MARKER

Tests Pending : VITD,ESR

Sample Pending :

TORRESAN, ROCHELLE
2 LAURISTON DR, COLDSTREAM. 3770
Phone: 0434462572
Birthdate: 27/03/1987 Sex: F Medicare Number: 3409675806
Your Reference: 00005933 Lab Reference: 385322002-C-C329
Laboratory: Melbourne Pathology
Addressee: DR CYRIL MONTEIRO Referred by: DR CYRIL MONTEIRO

Name of Test: SE-B12/FOLATE VIRT
Requested: 18/02/2022 Collected: 18/02/2022 Reported: 19/02/2022
05:30

B12/FOLATE - Serum

Date	17/05/18	18/02/22		
Time	1600	N/A		
Lab Id.	346372823	385322002	Units	Reference
S FOLATE	27.8	20.0	nmol/L	(>6.0)
S HoloTC		92	pmol/L	(>37)
S TOTAL B12	341	245	pmol/L	(200-700)

Comments on Collection 18/02/22 N/A:
B12

High dose biotin (>5 mg/day) may artefactually increase total Vitamin B12 and Folate results obtained by this method. If the patient is taking 5-20 mg/day of biotin, suggest withhold for at least 8 hours before blood test (if taking 300 mg/day, withhold for at least 72 hours).
For clinical enquiries please contact Chemical Pathologist Dr Ken Sikaris on 9287 7720.

HOLO-TC

HoloTC (Holo-transcobalamin) is a better marker for Vitamin B12 status than the total B12 and this result indicates a normal Vitamin B12 status. Serum total Vitamin B12 measures both inactive (Haptocorrin-bound) and active (Transcobalamin-bound) fractions. Low total Vitamin B12 can be a result of low Haptocorrin-bound fraction which is of no known clinical significance.

Please note: The HoloTC (Holo-transcobalamin) method has changed from Abbott (Active B12) to Roche, effective 01/12/2020. The Roche method is up to 15 pmol/L higher. The reference limits have been changed accordingly.

High dose biotin (>5 mg/day) may artefactually decrease the HoloTC result obtained by this method. If the patient is taking 5-20 mg/day of biotin, suggest withhold for at least 8 hours before blood test (if taking 300 mg/day, withhold for at least 72 hours).
For clinical enquiries please contact Chemical Pathologist Dr Ken Sikaris on 9287 7720.

Department Supervising Pathologist: Dr Ken Sikaris

Melbourne Pathology NATA No.:2133

Tests Completed: IS, FLS, CA, TSH, EUC, LFT, CK, FOL, B12, UA, LIP, HOLO-TC, FBE, AMYLASE
MARKER
Tests Pending : VITD, ESR
Sample Pending :

TORRESAN, ROCHELLE
 2 LAURISTON DR, COLDSTREAM. 3770
 Phone: 0434462572
 Birthdate: 27/03/1987 Sex: F Medicare Number: 3409675806
 Your Reference: 00005933 Lab Reference: 385322002-H-H900
 Laboratory: Melbourne Pathology
 Addressee: DR CYRIL MONTEIRO Referred by: DR CYRIL MONTEIRO

Name of Test: ED-HAEMATOLOGY
 Requested: 18/02/2022 Collected: 18/02/2022 Reported: 19/02/2022
 10:30

HAEMATOLOGY - Blood/EDTA

Date 17/05/18 18/02/22
 Time 1600 N/A
 Lab Id. 346372823 385322002

			Units	Reference
HAEMOGLOBIN	144	141	g/L	(115-160)
Hct	0.45	0.45		(0.35-0.47)
RBC	5.2	5.2	x10*12/L	(3.7-5.2)
MCV	86	87	fL	(80-100)
MCH	28	27	pg	(27-34)
MCHC	321	311	g/L	(310-360)
RDW	12.7	13.0		(11-17)
PLATELETS	328	280	x 10*9/L	(150-450)
WHITE CELLS	9.5	6.0	x10*9/L	(4.0-11.0)
Neutrophils	5.8	3.4	x10*9/L	(2.0-7.5)
Lymphocytes	2.8	2.0	x10*9/L	(1.0-4.0)
Monocytes	0.6	0.4	x10*9/L	(0-1.0)
Eosinophils	0.3	0.2	x10*9/L	(0-0.5)
Basophils	0.0	0.0	x10*9/L	(0-0.3)
ESR		7	mm/hr	(3-12)

Dept Supervising Pathologist: Dr Ellen Maxwell

Report 385322002 updated on 19/02/2022 at 10:22: Additional Test(s) Reported:
 ERYTHROCYTE SED RATE

** UPDATED REPORT **

Melbourne Pathology NATA No.:2133

Tests Completed: IS,FLS,CA,TSH,EUC,LFT,CK,FOL,B12,UA,LIP,HOLO-TC,FBE,
 ESR, AMYLASE MARKER

Tests Pending : VITD

Sample Pending :

TORRESAN, ROCHELLE
2 LAURISTON DR, COLDSTREAM. 3770
Phone: 0434462572
Birthdate: 27/03/1987 Sex: F Medicare Number: 3409675806
Your Reference: 00005933 Lab Reference: 385322002-C-C010
Laboratory: Melbourne Pathology
Addressee: DR CYRIL MONTEIRO Referred by: DR CYRIL MONTEIRO

Name of Test: SE-IRON STUDIES
Requested: 18/02/2022 Collected: 18/02/2022 Reported: 19/02/2022
05:30

Date 18/02/22
Time N/A
Lab Id. 385322002

		Units	Reference
S IRON	17	umol/L	(5-30)
S TRF	2.8	g/L	(2.0-3.6)
S TRF SAT	24	%	(10-45)
S FERRITIN	47	ng/mL	(30-200)

Department Supervising Pathologist: Dr Ken Sikaris

Melbourne Pathology NATA No.:2133

Tests Completed: IS,FLS,CA,TSH,EUC,LFT,CK,FOL,B12,UA,LIP,HOLO-TC,FBE, AMYLASE
MARKER
Tests Pending : VITD,ESR
Sample Pending :

TORRESAN, ROCHELLE
 2 LAURISTON DR, COLDSTREAM. 3770
 Phone: 0434462572
 Birthdate: 27/03/1987 Sex: F Medicare Number: 3409675806
 Your Reference: 00005933 Lab Reference: 385322002-C-C187
 Laboratory: Melbourne Pathology
 Addressee: DR CYRIL MONTEIRO Referred by: DR CYRIL MONTEIRO
 Name of Test: SE-THYROID VIRTUAL
 Requested: 18/02/2022 Collected: 18/02/2022 Reported: 19/02/2022
 05:30

THYROID FUNCTION TESTS - Serum

Date 18/02/22
 Time N/A
 Lab Id. 385322002

S TSH(Roche)	1.06	Units	Reference
		mU/L	(0.5-5.0)

Comments on Collection 18/02/22 N/A:
 TSH
 A normal TSH is consistent with an euthyroid state.

Department Supervising Pathologist: Dr Ken Sikaris
 Melbourne Pathology NATA No.:2133

Tests Completed: IS,FLS,CA,TSH,EUC,LFT,CK,FOL,B12,UA,LIP,HOLO-TC,FBE, AMYLASE
 MARKER
 Tests Pending : VITD,ESR
 Sample Pending :

TORRESAN, ROCHELLE
 2 LAURISTON DR, COLDSTREAM. 3770
 Phone: 0434462572
 Birthdate: 27/03/1987 Sex: F Medicare Number: 3409675806
 Your Reference: 00005933 Lab Reference: 385322002-H-H900
 Laboratory: Melbourne Pathology
 Addressee: DR CYRIL MONTEIRO Referred by: DR CYRIL MONTEIRO

Name of Test: ED-HAEMATOLOGY
 Requested: 18/02/2022 Collected: 18/02/2022 Reported: 19/02/2022
 05:30

HAEMATOLOGY - Blood/EDTA

Date	17/05/18	18/02/22		
Time	1600	N/A		
Lab Id.	346372823	385322002	Units	Reference
HAEMOGLOBIN	144	141	g/L	(115-160)
Hct	0.45	0.45		(0.35-0.47)
RBC	5.2	5.2	x10*12/L	(3.7-5.2)
MCV	86	87	fL	(80-100)
MCH	28	27	pg	(27-34)
MCHC	321	311	g/L	(310-360)
RDW	12.7	13.0		(11-17)
PLATELETS	328	280	x 10*9/L	(150-450)
WHITE CELLS	9.5	6.0	x10*9/L	(4.0-11.0)
Neutrophils	5.8	3.4	x10*9/L	(2.0-7.5)
Lymphocytes	2.8	2.0	x10*9/L	(1.0-4.0)
Monocytes	0.6	0.4	x10*9/L	(0-1.0)
Eosinophils	0.3	0.2	x10*9/L	(0-0.5)
Basophils	0.0	0.0	x10*9/L	(0-0.3)

Unauthorised Report - Completed Report to Follow

Dept Supervising Pathologist: Dr Ellen Maxwell

Melbourne Pathology NATA No.:2133

Tests Completed: IS,FLS,CA,TSH,EUC,LFT,CK,FOL,B12,UA,LIP,HOLO-TC,FBE, AMYLASE
 MARKER
 Tests Pending : VITD,ESR
 Sample Pending :

TORRESAN, ROCHELLE
2 LAURISTON DR, COLDSTREAM. 3770
Phone: 0434462572
Birthdate: 27/03/1987 Sex: F Medicare Number: 3409675806
Your Reference: 00005933 Lab Reference: 385322002-C-C316
Laboratory: Melbourne Pathology
Addressee: DR CYRIL MONTEIRO Referred by: DR CYRIL MONTEIRO

Name of Test: SE-VITAMIN D
Requested: 18/02/2022 Collected: 18/02/2022 Reported: 19/02/2022
17:30

Date	17/05/18	18/02/22		
Time	1600	N/A		
Lab Id.	346372823	385322002	Units	Reference
S 25OH VIT D	40 L	41 L	nmol/L	(50-250)

Comments on Collection 18/02/22 N/A:
VITD
This result indicates mild vitamin D deficiency.

Department Supervising Pathologist: Dr Ken Sikaris

Melbourne Pathology NATA No.:2133

Tests Completed: IS, FLS, CA, TSH, EUC, LFT, CK, VITD, FOL, B12, UA, LIP, HOLO-TC,
FBE, ESR, AMYLASE MARKER

Tests Pending :
Sample Pending :