

General Enquiries  
 1300 453 688

Doctor Enquiries  
 1300 134 111

|                                  |                                 |                                       |                 |                                      |                                   |
|----------------------------------|---------------------------------|---------------------------------------|-----------------|--------------------------------------|-----------------------------------|
| TITLE<br><b>Forbes</b>           | PATIENT SURNAME<br><b>Bella</b> | GIVEN NAME (INCLUDING MIDDLE INITIAL) | SEX<br><b>F</b> | DATE OF BIRTH<br><b>16/05/2002</b>   | YOUR REFERENCE<br><b>00061598</b> |
| 1-5 Burgess Road<br>Kilmore 3764 |                                 |                                       | POSTCODE        | MOBILE PH<br><b>0400 517 033 (M)</b> | ALT PH                            |

|   |   |
|---|---|
| TESTS REQUESTED<br><b>E/LFTs; FBE; HbA1C; TSH</b> | Fasting <input type="checkbox"/><br>Non Fasting <input checked="" type="checkbox"/><br>Pregnant <input type="checkbox"/><br>Horm Therapy <input type="checkbox"/><br>LNMP <input type="checkbox"/><br>EDC <input type="checkbox"/><br>CERVICAL CYTOLOGY <input type="checkbox"/><br>SITE Cervix <input type="checkbox"/><br>Vaginal Vault <input type="checkbox"/><br>Endometrium <input type="checkbox"/><br>Other <input type="checkbox"/><br>Post Natal <input type="checkbox"/><br>Post Menopausal <input type="checkbox"/><br>Radio Therapy <input type="checkbox"/><br>IUCD <input type="checkbox"/><br>Abnormal Bleeding <input type="checkbox"/><br>APPEARANCE OF CERVIX Benign <input type="checkbox"/><br>Suspicious <input type="checkbox"/> |
|---|---|

|   |   |
|---|---|
| CLINICAL NOTES<br><b>screening; PCOS. hyperinsulinaemia</b>   | Non-Fasting. <input checked="" type="checkbox"/> Do not send to My Health Record <input type="checkbox"/><br>RULE 3 EXEMPTION <input type="checkbox"/><br>SELF DETERMINED <input type="checkbox"/><br>REPEAT FORMS <input type="checkbox"/>   |
| URGENT <input type="checkbox"/> PHONE <input type="checkbox"/> FAX <input type="checkbox"/> BY TIME: <input checked="" type="checkbox"/><br>PHONE/FAX No.: <input type="checkbox"/><br>PRIVATE <input type="checkbox"/> SCHEDULE FEE <input type="checkbox"/> BULK BILL <input type="checkbox"/><br>VET AFFAIRS No.: <input type="checkbox"/> | PERSON COLLECTING SPECIMEN(S) TO COMPLETE<br>I certify that I collected the accompanying sample from the above patient, whose identity was confirmed by inquiry and/or examination of their name-band, and that I labelled the sample immediately following collection.<br>SIGNED: <b>X COLLECTOR</b> FULL NAME: _____<br>DATE: / / TIME: : |
| DOCTOR'S SIGNATURE AND REQUEST DATE<br><b>16/03/2022</b><br>DOCTOR: _____ DATE: / /   |   |

|  |   |
|--|---|
| COPY REPORTS TO: <b>Brooke Klower</b><br><b>brooke@balanced-being.com.au</b> | REQUESTING DOCTOR (PROVIDER NUMBER, SURNAME & INITIALS, ADDRESS)<br><b>Dr Genevieve Shing</b><br>Andrew Place Clinic<br>Andrew Place<br>Bundoora 3083<br>Ph: 03 9467 1444 Fax: 03 9467 2398<br>284969BT |
|--|---|

|   |  |   |
|---|--|---|
| MEDICARE ASSIGNMENT (Section 20A of the Health Insurance Act 1973) I offer to assign my right to benefits to the approved pathology practitioner who will render the requested pathology service(s) and any eligible pathologist determinable service(s) established as necessary by the practitioner. In the alternate I authorise Australian Clinical Labs to submit my unpaid account to Department of Human Services so that Department of Human Services can assess my claim and issue a cheque to me payable to Australian Clinical Labs for the Medicare benefit.<br>Practitioner's Use Only (Reason patient cannot sign): | PENSIONER/HCC HOLDER - PATIENT'S SIGNATURE AND DATE<br>PATIENT _____ DATE: / /<br>See over for Billing Policy and Privacy Note | FOR HOSPITAL PATIENTS<br>Patient status at the time of the service or when the specimen was collected:<br>1. Private patient in a private hospital or approved day hospital facility <input type="checkbox"/> yes <input type="checkbox"/> no<br>2. Private patient in a recognised hospital <input type="checkbox"/><br>3. A public patient in a recognised hospital <input type="checkbox"/><br>4. Outpatient of a recognised hospital <input type="checkbox"/> |
| TUBES<br>GEL EDTA FLOX SOD CIT ESR HEP PLAIN MSU CYTO 24 HR PCR CHEM MICRO CYTO LBC HIST FAECES SPUT FUNG CSF<br>FOLD & TEAR  | CONTAINERS<br>SWABS: OTHER:  |   |

|  |  |  |  |
|--|--|--|--|
| LABELLING REQUIREMENTS<br>1. Complete PATIENT NAME and DATE OF BIRTH prior to attaching to specimen<br>2. PLACE LABEL VERTICALLY<br>3. IF MORE THAN 3 specimens please write patient details on additional specimens<br>RCPA<br>NATA | FOLD & TEAR<br>DATE: / /<br>NAME: <b>Forbes Bella</b><br>D.O.B.: <b>16/05/2002</b> | FOLD & TEAR<br>DATE: / /<br>NAME: <b>Forbes Bella</b><br>D.O.B.: <b>16/05/2002</b> | FOLD & TEAR<br>DATE: / /<br>NAME: <b>Forbes Bella</b><br>D.O.B.: <b>16/05/2002</b> |
|--|--|--|--|

|  |                                   |                                  |  |                                      |
|--|-----------------------------------|----------------------------------|--|--------------------------------------|
| AUSTRALIAN<br><b>Clinicallabs</b><br>www.clinicallabs.com.au | General Enquiries<br>1300 453 688 | Doctor Enquiries<br>1300 134 111 | PATHOLOGY REQUEST FORM<br>PATIENT COPY | MEDICARE CARD NUMBER<br>4438240211/1 |
|--|-----------------------------------|----------------------------------|--|--------------------------------------|

|                                  |                                 |                                       |                 |                                      |                                   |
|----------------------------------|---------------------------------|---------------------------------------|-----------------|--------------------------------------|-----------------------------------|
| TITLE<br><b>Forbes</b>           | PATIENT SURNAME<br><b>Bella</b> | GIVEN NAME (INCLUDING MIDDLE INITIAL) | SEX<br><b>F</b> | DATE OF BIRTH<br><b>16/05/2002</b>   | YOUR REFERENCE<br><b>00061598</b> |
| 1-5 Burgess Road<br>Kilmore 3764 |                                 |                                       | POSTCODE        | MOBILE PH<br><b>0400 517 033 (M)</b> | ALT PH                            |

|   |   |
|---|---|
| TESTS REQUESTED<br><b>E/LFTs; FBE; HbA1C; TSH</b> | REQUESTING DOCTOR (PROVIDER NUMBER, SURNAME & INITIALS, ADDRESS)<br><b>Dr Genevieve Shing</b><br>Andrew Place Clinic<br>Andrew Place<br>Bundoora 3083<br>Ph: 03 9467 1444 Fax: 03 9467 2398<br>284969BT |
|---|---|

FORBES, BELLA  
1-5 BURGESS RD, KILMORE. 3764  
Phone: 0400517033  
Birthdate: 16/05/2002 Sex: F Medicare Number: 4438240211  
Your Reference: 00060884 Lab Reference: 367603369-C-C220  
Laboratory: Melbourne Pathology  
Addressee: DR GENEVIEVE SHING Referred by: DR GENEVIEVE SHING

Name of Test: SE-FERRITIN  
Requested: 07/03/2022 Collected: 09/03/2022 Reported: 10/03/2022  
08:09

|             |           |           |       |           |
|-------------|-----------|-----------|-------|-----------|
| Date        | 18/12/20  | 09/03/22  |       |           |
| Time F-Fast | 1318      | 0945 F    |       |           |
| Lab Id.     | 359362350 | 367603369 | Units | Reference |
| S FERRITIN  | 80        | 39        | ng/mL | (30-200)  |

Department Supervising Pathologist: Dr Ken Sikaris

Melbourne Pathology NATA No.:2133

Tests Completed: FLS, LFT, DHEAS, GF, FERR, VITD, FOL, B12, INSF, CFT, LH, PROG,  
ODIOL, HOLO-TC

Tests Pending :

Sample Pending :

FORBES, BELLA  
1-5 BURGESS RD, KILMORE. 3764  
Phone: 0400517033  
Birthdate: 16/05/2002 Sex: F Medicare Number: 4438240211  
Your Reference: 00060884 Lab Reference: 367603369-C-C012  
Laboratory: Melbourne Pathology  
Addressee: DR GENEVIEVE SHING Referred by: DR GENEVIEVE SHING

Name of Test: SE-LIPID - HDL/LDL  
Requested: 07/03/2022 Collected: 09/03/2022 Reported: 10/03/2022  
08:09

| Date        | 09/03/22  |        |           |
|-------------|-----------|--------|-----------|
| Time F-Fast | 0945 F    |        |           |
| Lab Id.     | 367603369 | Units  | Reference |
| S CHOL      | 4.5       | mmol/L | (3.5-5.5) |
| S TRIG      | 1.4       | mmol/L | (<1.5)    |
| S HDL-CHOL  | 1.23      | mmol/L | (>1.20)   |
| S LDL-CHOL  | 2.6       | mmol/L | (<3.5)    |
| S CHOL/HDLC | 3.7       |        | (<4.5)    |
| S Non HDLC  | 3.3       | mmol/L | (<3.9)    |

Comments on Collection 09/03/22 0945 F:

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: FLS, LFT, DHEAS, GF, FERR, VITD, FOL, B12, INSF, CFT, LH, PROG, ODIOL, HOLO-TC

Tests Pending :

Sample Pending :



FORBES, BELLA  
 1-5 BURGESS RD, KILMORE. 3764  
 Phone: 0400517033  
 Birthdate: 16/05/2002 Sex: F Medicare Number: 4438240211  
 Your Reference: 00060884 Lab Reference: 367603369-C-C950  
 Laboratory: Melbourne Pathology  
 Addressee: DR.GENEVIEVE SHING Referred by: DR GENEVIEVE SHING

Name of Test: SE- CHEMISTRY  
 Requested: 07/03/2022 Collected: 09/03/2022 Reported: 10/03/2022  
 08:09

**MULTIPLE BIOCHEMICAL ANALYSIS - Serum**

| Date         | 02/10/07 | 18/12/20  | 09/03/22  |  | Units  | Reference |
|--------------|----------|-----------|-----------|--|--------|-----------|
| Time F-Fast  | 1000     | 1318      | 0945 F    |  |        |           |
| Lab Id.      | 91904556 | 359362350 | 367603369 |  |        |           |
| S SODIUM     | 140      | 143       |           |  | mmol/L | (135-145) |
| S POTASSIUM  | 4.4      | 4.3       |           |  | mmol/L | (3.5-5.5) |
| S CHLORIDE   | 104      | 106       |           |  | mmol/L | (95-110)  |
| S BICARB     | 24       | 25        |           |  | mmol/L | (20-32)   |
| S UREA       | 7.7      | 3.4       |           |  | mmol/L | (2.5-6.5) |
| S CREAT      | 31 L     | 47        |           |  | umol/L | (45-85)   |
| eGFR         |          | >90       |           |  |        |           |
| S T-BIL      |          | 6         | 5         |  | umol/L | (3-15)    |
| S ALP        |          | 49        | 73        |  | U/L    | (20-105)  |
| S GGT        |          | 12        | 21        |  | U/L    | (5-35)    |
| S ALT        |          | 16        | 69 H      |  | U/L    | (5-30)    |
| S AST        |          | 15        | 40 H      |  | U/L    | (10-35)   |
| S T-PROTEIN  |          | 67        | 70        |  | g/L    | (64-81)   |
| S ALBUMIN    |          | 39        | 42        |  | g/L    | (33-46)   |
| S GLOBULIN   |          | 28        | 28        |  | g/L    | (23-41)   |
| S GLU (Fast) |          |           | 4.3       |  | mmol/L | (3.6-6.0) |
| P GLU(Fast)  | 3.7      |           |           |  | mmol/L | (3.6-6.0) |

Department Supervising Pathologist: Dr Ken Sikaris

Melbourne Pathology NATA No.:2133

Tests Completed: FLS, LFT, DHEAS, GF, FERR, VITD, FOL, B12, INSF, CFT, LH, PROG,  
 ODIOL, HOLO-TC

Tests Pending :  
 Sample Pending :

FORBES, BELLA  
1-5 BURGESS RD, KILMORE. 3764  
Phone: 0400517033  
Birthdate: 16/05/2002 Sex: F Medicare Number: 4438240211  
Your Reference: 00060884 Lab Reference: 367603369-C-C955  
Laboratory: Melbourne Pathology  
Addressee: DR GENEVIEVE SHING Referred by: DR GENEVIEVE SHING

Name of Test: SE-HORMONE  
Requested: 07/03/2022 Collected: 09/03/2022 Reported: 10/03/2022  
08:09

#### HORMONES

Date 09/03/22  
Time F-Fast 0945 F  
Lab Id. 367603369

|              |       | Units  | Reference  |
|--------------|-------|--------|------------|
| S LH         | 8.9   | IU/L   |            |
| S OESTRADIOL | 293   | pmol/L |            |
| S PROG       | 0.3   | nmol/L |            |
| S TESTO      | 2.3 H | nmol/L | (<1.8)     |
| S SHBG       | 15 L  | nmol/L | (25-150)   |
| cFREE TESTO  | 62 H  | pmol/L | (1-34)     |
| S DHEAS      | 9.6   | umol/L | (1.8-10.0) |

Comments on Collection 09/03/22 0945 F:

| Reference Intervals | FSH<br>(IU/L) | LH<br>(IU/L) | Oestradiol<br>(pmol/L) | Progesterone<br>(nmol/L) |
|---------------------|---------------|--------------|------------------------|--------------------------|
| Female:             |               |              |                        |                          |
| Follicular phase    | 2.8 - 9.3     | 2.8 - 7.6    | 46 - 607               | 0.6 - 4.7                |
| Mid cycle           | 3.0 - 19.2    | 10.5 - 85    | 315 - 1828             | 2.4 - 9.4                |
| Luteal phase (D21)  | 1.7 - 7.7     | 1.0 - 11.4   | 161 - 774              | 5.3 - 86                 |
| Postmenopausal      | 31 - 153      | 12.0 - 75    | <200                   | 0.3 - 2.5                |

PLEASE NOTE: High dose biotin (>5 mg/day) may artefactually affect the hormone results. 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: FLS, LFT, DHEAS, GF, FERR, VITD, FOL, B12, INSF, CFT, LH, PROG,  
ODIOL, HOLO-TC

Tests Pending :

Sample Pending :

FORBES, BELLA  
1-5 BURGESS RD, KILMORE. 3764  
Phone: 0400517033  
Birthdate: 16/05/2002 Sex: F Medicare Number: 4438240211  
Your Reference: 00060884 Lab Reference: 367603369-C-C316  
Laboratory: Melbourne Pathology  
Addressee: DR GENEVIEVE SHING Referred by: DR GENEVIEVE SHING

Name of Test: SE-VITAMIN D  
Requested: 07/03/2022 Collected: 09/03/2022 Reported: 10/03/2022  
08:09

Date 09/03/22  
Time F-Fast 0945 F  
Lab Id. 367603369

Units Reference

S 25OH VIT D 59

nmol/L (50-250)

Comments on Collection 09/03/22 0945 F:  
VITD

Vitamin D levels should ideally be above 50 nmol/L in winter and 70 nmol/L in summer. Levels above 75 nmol/L may be desirable in people with osteoporosis or falls.

Department Supervising Pathologist: Dr Ken Sikaris

Melbourne Pathology NATA No.:2133

Tests Completed: FLS,LFT,DHEAS,GF,FERR,VITD,FOL,B12,INSF,CFT,LH,PROG,  
ODIOL,HOLO-TC

Tests Pending :

Sample Pending :

FORBES, BELLA  
1-5 BURGESS RD, KILMORE. 3764  
Phone: 0400517033  
Birthdate: 16/05/2002 Sex: F Medicare Number: 4438240211  
Your Reference: 00060884 Lab Reference: 367603369-C-C329  
Laboratory: Melbourne Pathology  
Addressee: DR GENEVIEVE SHING Referred by: DR GENEVIEVE SHING

Name of Test: SE-B12/FOLATE VIRT  
Requested: 07/03/2022 Collected: 09/03/2022 Reported: 10/03/2022  
08:09

**B12/FOLATE - Serum**

|             |           |           |        |           |
|-------------|-----------|-----------|--------|-----------|
| Date        | 18/12/20  | 09/03/22  |        |           |
| Time F-Fast | 1318      | 0945 F    |        |           |
| Lab Id.     | 359362350 | 367603369 | Units  | Reference |
| S FOLATE    | 33.0      | 20.0      | nmol/L | (>6.0)    |
| S HoloTC    | 67        | 74        | pmol/L | (>37)     |
| S TOTAL B12 | 290       | 242       | pmol/L | (200-700) |

Comments on Collection 09/03/22 0945 F:  
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: FLS, LFT, DHEAS, GF, FERR, VITD, FOL, B12, INSF, CFT, LH, PROG, ODIOL, HOLO-TC

Tests Pending :

Sample Pending :



FORBES, BELLA  
1-5 BURGESS RD, KILMORE. 3764  
Phone: 0400517033  
Birthdate: 16/05/2002 Sex: F Medicare Number: 4438240211  
Your Reference: 00060884 Lab Reference: 367603369-C-C525  
Laboratory: Melbourne Pathology  
Addressee: DR GENEVIEVE SHING Referred by: DR GENEVIEVE SHING

Name of Test: SE-INSULIN FASTING  
Requested: 07/03/2022 Collected: 09/03/2022 Reported: 10/03/2022  
08:09

| Date        | 09/03/22  |       |           |
|-------------|-----------|-------|-----------|
| Time F-Fast | 0945 F    |       |           |
| Lab Id.     | 367603369 | Units | Reference |
| S INSULIN   | 27.9 H    | mU/L  | (0-17)    |

Comments on Collection 09/03/22 0945 F:  
INSF

This reference interval is for fasting, normoglycaemic and non-obese population.

NOTE: High dose biotin (>5 mg/day) may artefactually lower the insulin result. If the patient is taking high dose biotin and needs to have interference excluded, please contact Chemical Pathologist Dr Ken Sikaris on 9287 7720.

Department Supervising Pathologist: Dr Ken Sikaris

Melbourne Pathology NATA No.:2133

Tests Completed: FLS, LFT, DHEAS, GF, FERR, VITD, FOL, B12, INSF, CFT, LH, PROG, ODIOL, HOLO-TC

Tests Pending :

Sample Pending :



FORBES, BELLA  
1-5 BURGESS RD, KILMORE. 3764  
Phone: 0400517033  
Birthdate: 16/05/2002 Sex: F Medicare Number: 4438240211  
Your Reference: Lab Reference: 367626996-C-C012  
Laboratory: Melbourne Pathology  
Addressee: DR GENEVIEVE SHING Referred by: DR EMMA VEYSEY  
Copy to:  
DR ANTONIO DE SOUSA  
DR GENEVIEVE SHING

Name of Test: LIPID - HDL/LDL  
Requested: 09/03/2022 Collected: 09/03/2022 Reported: 10/03/2022  
09:09

| Date        | 09/03/22  | 09/03/22  |        |           |
|-------------|-----------|-----------|--------|-----------|
| Time F-Fast | 0945 F    | 0945 F    |        |           |
| Lab Id.     | 367603369 | 367626996 | Units  | Reference |
| S CHOL      | 4.5       | 4.5       | mmol/L | (3.5-5.5) |
| S TRIG      | 1.4       | 1.4       | mmol/L | (<1.5)    |
| S HDL-CHOL  | 1.23      | 1.23      | mmol/L | (>1.20)   |
| S LDL-CHOL  | 2.6       | 2.6       | mmol/L | (<3.5)    |
| S CHOL/HDL  | 3.7       | 3.7       |        | (<4.5)    |
| S Non HDL   | 3.3       | 3.3       | mmol/L | (<3.9)    |

Comments on Collection 09/03/22 0945 F:  
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: FLS,LFT  
Tests Pending : QHCG  
Sample Pending :

FORBES, BELLA  
1-5 BURGESS RD, KILMORE. 3764  
Phone: 0400517033  
Birthdate: 16/05/2002 Sex: F Medicare Number: 4438240211  
Your Reference: Lab Reference: 367626996-C-C349  
Laboratory: Melbourne Pathology  
Addressee: DR GENEVIEVE SHING Referred by: DR EMMA VEYSEY  
Copy to:  
DR ANTONIO DE SOUSA  
DR GENEVIEVE SHING

Name of Test: HCG-QUANTITATIVE  
Requested: 09/03/2022 Collected: 09/03/2022 Reported: 10/03/2022  
10:09

| Date        | 09/03/22  |       |           |
|-------------|-----------|-------|-----------|
| Time F-Fast | 0945 F    |       |           |
| Lab Id.     | 367626996 | Units | Reference |
| S hCG.      | <1        | IU/L  | (<2)      |

QHCG Specimen - serum

Comments on Collection 09/03/22 0945 F:  
QHCG

NOTE: High dose biotin (>5 mg/day) may artefactually decrease the result obtained by this method. If biotin interference needs to be excluded, please contact Chemical Pathologist Dr Ken Sikaris on 9287 7720.

Department Supervising Pathologist: Dr Ken Sikaris

Melbourne Pathology NATA No.:2133

Tests Completed: FLS,LFT,QHCG  
Tests Pending :  
Sample Pending :