



PENNY ELAINE WADDELL-WOOD

Referrer Dr Jane Taylor

Address GORDON FAMILY PRACTICE SHOP 2 GORDON SHOPS 114
LEWIS LUXTON AVENUE
GORDON ACT 2906

Phone 0262940990

Lab ID 942556025 DOB 08/07/1987 (34 Yrs FEMALE)
Your ref. 25674

Address 1 CLISBY CLOSE
COOK ACT 2614

Phone 0423515505

Copy to

Requested 12/05/2022
Collected 21/05/2022 09:31 AEDT
Received 21/05/2022 09:32 AEDT

THYROID FUNCTION TESTS

Test Name	Result	Reference Interval	Units
Free T4	10.4	9.0 - 19.0	pmol/L
● TSH	<0.008 L	0.40 - 3.5	mIU/L
Free T3	4.0	2.6 - 6.0	pmol/L

CJ

NATA ACCREDITATION NO 3448

Reported on 21-05-2022 13:39

THYROID ANTIBODIES

Test Name	Result	Reference Interval	Units
Anti-thyroglobulin Ab	1	<5	IU/mL
● Anti-thyroid peroxidase Ab	16 H	<6	IU/mL

Low levels of antibodies can occur in normal individuals (mainly elderly) and may also occur in non-thyroid autoimmune and chromosomal disorders.

CA

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Reported on 21-05-2022 13:47



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VITAMIN STUDIES

Test Name	Result	Reference Interval	Units
25-OH Vitamin D	98	50 - 140	nmol/L

According to the Position Statement 'Vitamin D and health in adults in Australia and New Zealand' MJA, 196(11):686-687, 2012, Vitamin D status is defined as:

Mild Deficiency 30 - 49 nmol/L

Moderate Deficiency 12.5 - 29 nmol/L

Severe Deficiency <12.5 nmol/L

Vitamin D adequacy can be defined as a level >49 nmol/L at the end of winter - the level may need to be 10 - 20 nmol/L higher at the end of summer, to allow for seasonal decrease.

From 1st November 2014, Medicare rebates for vitamin D testing will apply to patients at risk of Vitamin D deficiency such as chronic lack of sun exposure.

CA

NATA ACCREDITATION NO 3448

Reported on 21-05-2022 13:06

TEST NOT AVAILABLE

Test(s) Selenium - Red Cell

Alternative test(s) Selenium - Blood

This test is currently unavailable, however an alternative test has been identified. We have added this test to this request as we have a suitable specimen for testing.

MM

NATA ACCREDITATION NO 3448

Reported on 24-05-2022 08:39



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ANTI-MULLERIAN HORMONE

Anti-Mullerian Hormone (Roche Plus) 18.9 4.1 - 58.0 pmol/L

The reference interval quoted above for the Roche AMH Plus assay is the age-related 2.5 - 97.5 percentile.

Generally accepted fertility criteria (not age-related):

- <11.0 pmol/L: Suggestive of reduced ovarian reserve
- >24.0 pmol/L: Indicates the possibility of
 1. Polycystic Ovarian Syndrome
 2. In post-menopausal females - granulosa cell tumour
 3. Increased risk of Ovarian Hyperstimulation

Syndrome in a stimulated cycle

AMH is produced by the granulosa cells of developing follicles, and provides an estimate of the number of primordial follicles. Particularly in younger women, a low AMH level does not exclude the possibility of fertility.

Levels may be decreased in the latter part of the menstrual cycle and by the OC pill.

High dose biotin (Vitamin B7) can interfere in the AMH Plus assay, causing a falsely low result. High dose biotin may be used in the treatment of Multiple Sclerosis, and is present in certain vitamin supplements, particularly those for hair and nails. If the patient is taking high dose biotin supplementation (>5 mg/day) this result may not be accurate, please repeat this test after at least 3 days off biotin
Note change to Roche Plus AMH method as of the 29/08/2018.

SS

NATA ACCREDITATION NO 3448

Reported on 24-05-2022 04:02

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TRACE AND TOXIC ELEMENTS

P-ZINC	14.1	9.0 - 19.0	umol/L
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SS

NATA ACCREDITATION NO 3448

Reported on 24-05-2022 17:14

METALS IN WHOLE BLOOD, RED CELLS, PLASMA OR SERA

Selenium	1.3	0.7 - 1.4	umol/L
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SS

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Reported on 24-05-2022 17:27

REVERSE T3

Reverse T3	423	140 - 540	pmol/L
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SS

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Reported on 24-05-2022 14:53



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RANDOM URINE CHEMISTRY

Creatinine	2.6		mmol/L
Iodine	62 L	> 100	ug/L
Creatinine-corrected Urine Iodine	188	> 100	ug/L

Iodine levels are interpreted using the WHO criteria. However, the creatinine-corrected iodine level allows for iodine assessment in urine samples which are more dilute or concentrated than usual.

WHO classification of iodine deficiency - Urine iodine levels:

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

To convert Iodine ug/L to Iodine nmol/L
ug/L x 7.88 = nmol/L

HMRC 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.

SS

NATA ACCREDITATION NO 3448

Reported on 24-05-2022 17:37

THYROID ANTIBODIES

Thyroid Receptor Ab.	<0.8	<2.1	IU/L
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SS

NATA ACCREDITATION NO 3448

Reported on 26-05-2022 15:42

LAB ID **942556025** DOB **08/07/1987** (34Y Female)

Referring Doctor Dr Jane Taylor

Your ref. 25674

 Address 1 Clisby Close
 COOK ACT 2614

Phone 0423 515 505

Requested 12 May 2022

Collected 21 May 2022 09:31 am

Received 21 May 2022 09:32 am

Reported 24 May 2022 04:08 am

Dr Jane Taylor

 Gordon Family Practice
 Shop 2 Gordon Shops
 114 Lewis Luxton Avenue
 GORDON ACT 2906

T777

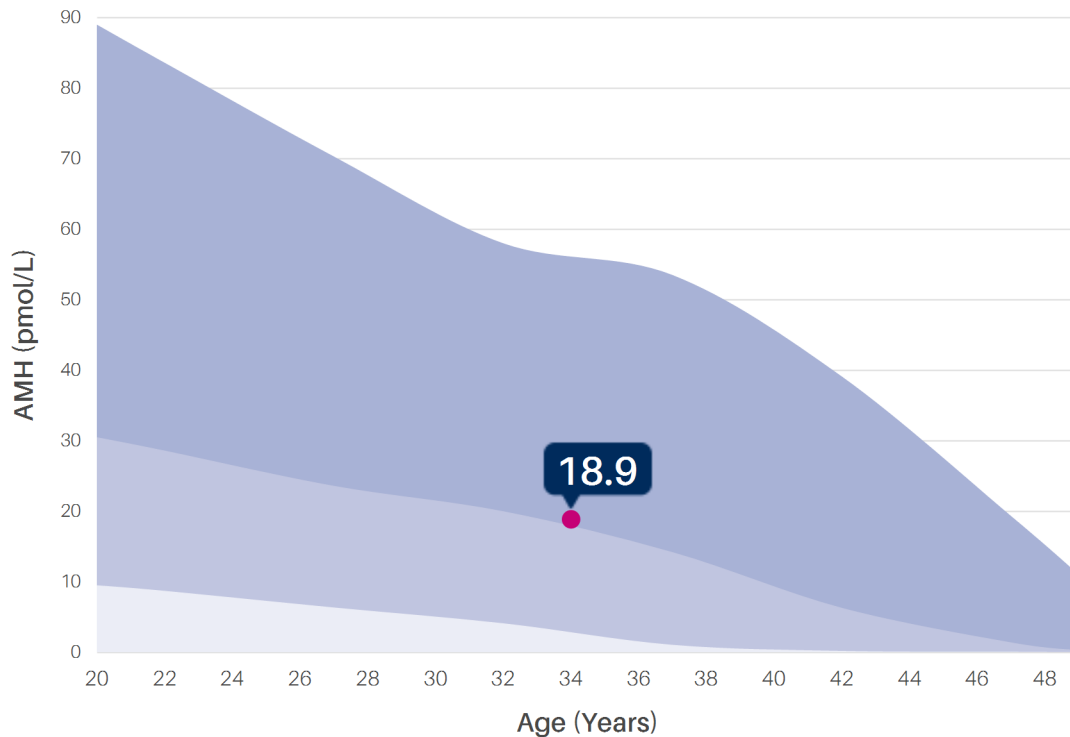
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Anti-Mullerian Hormone (AMH)

Marker of Ovarian Follicle Reserve

Collected	Test	Result	Units
21 May 2022 09:31 am	AMH	18.9	pmol/L



Assay used: AMH Routine

Specimen collected: Serum

 REFERENCE: < 2.5th percentile 2.5th-50th percentile 50th-97.5th percentile >97.5th percentile

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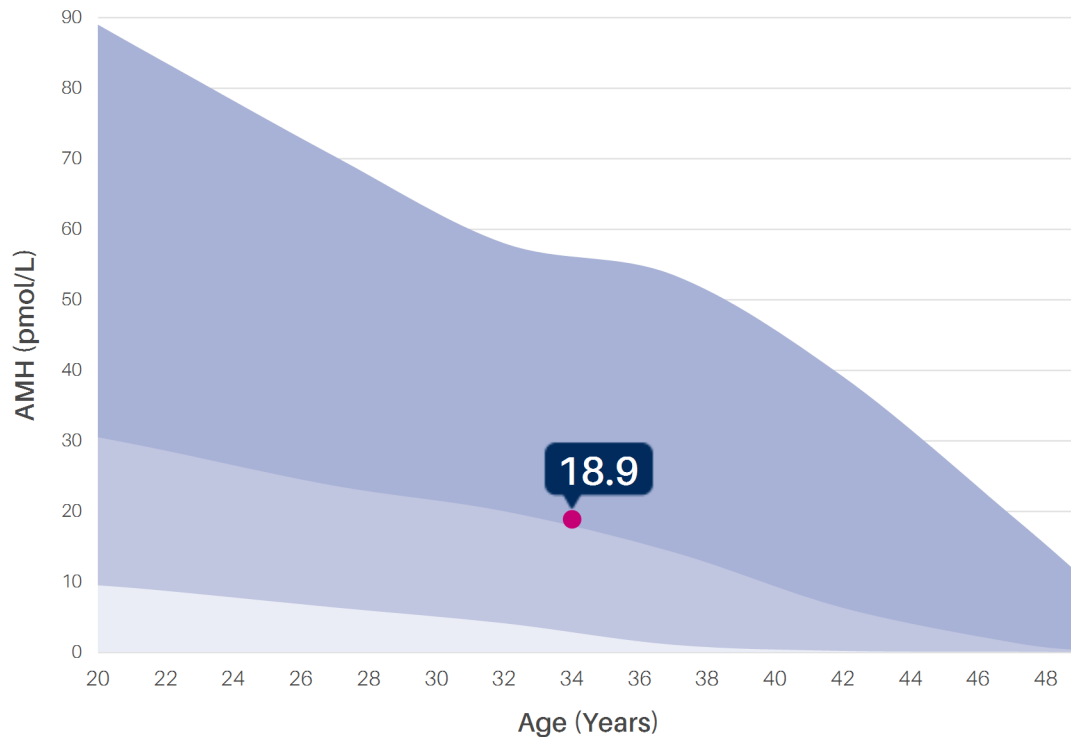
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