

FORD, ALYSSA
45 FRASER ST, NARRABRI. 2390
Phone: 67923945
Birthdate: 26/09/2002 Sex: F Medicare Number: 2321865233
Your Reference: 00010400 Lab Reference: 22-21599013-FBE-0
Laboratory: Lavery Pathology
Addressee: DR NAVIN ERATHNAGE Referred by: DR NAVIN ERATHNAGE

Name of Test: HAEMATOLOGY (FBE-0)
Requested: 08/12/2022 Collected: 09/12/2022 Reported: 09/12/2022
22:24

Clinical notes: Check up

Clinical Notes : Check up

		<u>HAEMATOLOGY</u>	
Date Collected		09 Dec 22	
Time Collected		09:11	
Specimen Type:	EDTA		
Hb	137 g/L	(115-165)	WBC 6.4 x10 ⁹ /L (4.0-11.0)
RCC	4.7 x10 ¹² /L	(3.9-5.8)	Neut 3.8 x10 ⁹ /L (2.0-7.5)
Hct	0.43	(0.34-0.47)	Lymp 1.9 x10 ⁹ /L (1.0-4.0)
MCV	91 fL	(79-99)	Mono 0.4 x10 ⁹ /L (0.2-1.0)
MCH	29 pg	(27-34)	Eos 0.3 x10 ⁹ /L (< 0.7)
MCHC	318 g/L	(320-360)	Baso 0.1 x10 ⁹ /L (< 0.2)
RDW	13.3 %	(10.0-17.0)	
Plat	352 x10 ⁹ /L	(150-400)	

HAEMATOLOGY: FBC parameters show no significant abnormality.

Requested Tests : VBF*, TFT*, QFS*, GLU*, CRP*, MBA*, LIP*, FE*, FBE, EBV*,
DVI*, CML*, ARV*

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Phone: 67923945
Birthdate: 26/09/2002 Sex: F Medicare Number: 2321865233
Your Reference: 00010400 Lab Reference: 22-21599013-CML-0
Laboratory: Laverty Pathology
Addressee: DR NAVIN ERATHNAGE Referred by: DR NAVIN ERATHNAGE

Name of Test: CYTOMEGALOVIRUS (CML-0)
Requested: 08/12/2022 Collected: 09/12/2022 Reported: 12/12/2022
18:24

Clinical notes: Check up

Clinical Notes : Check up

CMV SEROLOGY

Cytomegalovirus IgG (CMIA)	Not Detected
Cytomegalovirus IgM (CMIA)	Not Detected

No evidence of recent or past exposure to Cytomegalovirus. If early infection is suspected please submit a further sample in 10-14 days to exclude a seroconversion.

All testing performed on serum or plasma unless otherwise specified.

Requested Tests : VBF*, TFT*, QFS*, GLU*, CRP*, MBA*, LIP*, FE*, FBE, EBV, DVI*, CML, ARV*

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Phone: 67923945
Birthdate: 26/09/2002 Sex: F Medicare Number: 2321865233
Your Reference: 00010400 Lab Reference: 22-21599013-EBV-0
Laboratory: Laverty Pathology
Addressee: DR NAVIN ERATHNAGE Referred by: DR NAVIN ERATHNAGE

Name of Test: EPSTEIN-BARR VIRUS (EBV-0)
Requested: 08/12/2022 Collected: 09/12/2022 Reported: 12/12/2022
18:24

Clinical notes: Check up

Clinical Notes : Check up

EBV SEROLOGY

Epstein-Barr virus (VCA) IgG	POSITIVE
Epstein-Barr virus (VCA) IgM	Negative
EBV Nuclear Antigen (EBNA) IgG	POSITIVE

Consistent with past exposure to Epstein Barr virus. Please note that antibodies to EBV nuclear antigen (EBNA) are usually detected 2- 3 months after infection and usually persist for life.

All testing performed on serum or plasma unless otherwise specified.

Requested Tests : VBF*, TFT*, QFS*, GLU*, CRP*, MBA*, LIP*, FE*, FBE, EBV, DVI*, CML, ARV*

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Your Reference: 00010400 Lab Reference: 22-21599013-ARV-0
Laboratory: Lavery Pathology
Addressee: DR NAVIN ERATHNAGE Referred by: DR NAVIN ERATHNAGE

Name of Test: ARBOVIRUS SEROLOGY (ARV-0)
Requested: 08/12/2022 Collected: 09/12/2022 Reported: 13/12/2022
09:34

Clinical notes: Check up

Clinical Notes : Check up

ARBOVIRUS SEROLOGY

ROSS RIVER SEROLOGY

Ross River virus IgG (EIA) Not Detected
Ross River virus IgM (EIA) Not Detected

BARMAH FOREST SEROLOGY

Barmah Forest IgG (EIA) Not Detected
Barmah Forest IgM (EIA) Not Detected

No evidence of exposure to Ross River virus or Barmah Forest virus.
However, if history and clinical presentation are suggestive of
infection, repeat testing in 2-3 weeks may be considered to exclude
delayed seroconversion.

All testing performed on serum or plasma unless otherwise specified.

Requested Tests : VBF*, TFT*, QFS*, GLU*, CRP*, MBA*, LIP*, FE*, FBE, EBV,
DVI*, CML, ARV

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Phone: 67923945
Birthdate: 26/09/2002 Sex: F Medicare Number: 2321865233
Your Reference: 00010400 Lab Reference: 22-21599013-QFS-0
Laboratory: Laverty Pathology
Addressee: DR NAVIN ERATHNAGE Referred by: DR NAVIN ERATHNAGE

Name of Test: Q FEVER SEROLOGY (QFS-0)
Requested: 08/12/2022 Collected: 09/12/2022 Reported: 13/12/2022
15:05

Clinical notes: Check up

Clinical Notes : Check up

SEROLOGY

QFEVER SEROLOGY

Q Fever IgG (Phase 2, EIA)	Not Detected
Q Fever IgM (Phase 2, EIA)	Not Detected

No evidence of recent or past exposure to Q Fever infection or vaccination. If early infection is suspected please submit a further sample in 10 to 14 days to exclude seroconversion.

All testing performed on serum or plasma unless otherwise specified.

Requested Tests : VBF*, TFT*, QFS, GLU*, CRP*, MBA*, LIP*, FE*, FBE, EBV, DVI*,
CML, ARV

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Your Reference: 00010400 Lab Reference: 22-21599013-LIP-0
Laboratory: Laverty Pathology
Addressee: DR NAVIN ERATHNAGE Referred by: DR NAVIN ERATHNAGE

Name of Test: LIPID STUDIES (LIP-0)
Requested: 08/12/2022 Collected: 09/12/2022 Reported: 13/12/2022
15:32

Clinical notes: Check up

Clinical Notes : Check up

LIPID STUDIES

Specimen Type: Serum

Reference intervals are included for reference only, and interpretation / treatment goals should be guided by patient-specific cardiovascular risk assessment (see Australian Cardiovascular Risk Charts. Alternatively, the web-site www.cvdcheck.org.au can be accessed in order to complete a risk assessment for individual patients.)

Haemolysis Nil
Icterus Nil
Lipaemia Nil

Fasting status Fasting
Total Cholesterol 4.7 mmol/L (3.0-5.2)
Triglycerides 0.7 mmol/L (0.5-1.7)

NVDPa TARGET LIPID RANGES (MMOL/L) FOR PATIENTS AT HIGH / MODERATE RISK
OF CARDIOVASCULAR DISEASE:

TOTAL CHOLESTEROL	<4.0
TRIGS (FASTING)	<2.0
HDL-C	>= 1.0
LDL-C	<2.0
NON HDL-C	<2.5

Requested Tests : VBF*, TFT*, QFS, GLU, CRP, MBA*, LIP, FE*, FBE, EBV, DVI*,
CML, ARV

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Medicare Number: 2321865233

Your Reference: 00010400

Lab Reference: 22-21599013-CRP-0

Laboratory: Lavery Pathology

Addressee: DR NAVIN ERATHNAGE

Referred by: DR NAVIN ERATHNAGE

Name of Test: C-REACTIVE PROTEIN (CRP-0)

Requested: 08/12/2022

Collected: 09/12/2022

Reported: 13/12/2022

15:32

Clinical notes: Check up

Clinical Notes : Check up

C-REACTIVE PROTEIN

Specimen Type: Serum
Serum CRP

5.9 mg/L (< 6.0)

Requested Tests : VBF*, TFT*, QFS, GLU, CRP, MBA*, LIP, FE*, FBE, EBV, DVI*,
CML, ARV

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Your Reference: 00010400 Lab Reference: 22-21599013-GLU-0
Laboratory: Lavery Pathology
Addressee: DR NAVIN ERATHNAGE Referred by: DR NAVIN ERATHNAGE

Name of Test: GLUCOSE (GLU-0)
Requested: 08/12/2022 Collected: 09/12/2022 Reported: 13/12/2022
15:32

Clinical notes: Check up

Clinical Notes : Check up

	<u>SERUM/PLASMA GLUCOSE</u>	
Fasting status	Fasting	
Serum	4.9 mmol/L	(3.4-5.4)

Normal glucose concentration.

Requested Tests : VBF*, TFT*, QFS, GLU, CRP, MBA*, LIP, FE*, FBE, EBV, DVI*,
CML, ARV

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Birthdate: 26/09/2002 Sex: F Medicare Number: 2321865238
Your Reference: 00010400 Lab Reference: 22-21599013-FE-0
Laboratory: Lavery Pathology
Addressee: DR NAVIN ERATHNAGE Referred by: DR NAVIN ERATHNAGE

Name of Test: IRON STUDIES (FE-0)
Requested: 08/12/2022 Collected: 09/12/2022 Reported: 13/12/2022
15:39

Clinical notes: Check up

Clinical Notes : Check up

IRON STUDIES

Specimen Type: Serum			
Serum Iron	4	umol/L	(10-30)
Transferrin	34	umol/L	(32-48)
Transferrin Saturation	6	%	(13-45)
Serum Ferritin	13	ug/L	(30-165)

A ferritin result below 15 ug/L, together with a low transferrin saturation, indicates iron deficiency.

During the reproductive years, iron deficiency in women is usually due to multiparity or heavy menstrual losses. Investigation of the gastrointestinal tract for a source of blood loss may be indicated.

Requested Tests : VBF, TFT, QFS, GLU, CRP, MBA*, LIP, FE, FBE, EBV, DVI*, CML, ARV

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Laboratory: Laverty Pathology
Addressee: DR NAVIN ERATHNAGE Referred by: DR NAVIN ERATHNAGE

Name of Test: B12, FOLATE, R.C.FOLATE (VBF-0)
Requested: 08/12/2022 Collected: 09/12/2022 Reported: 13/12/2022
15:39

Clinical notes: Check up

Clinical Notes : Check up

VITAMIN B12 AND FOLATE STUDIES

Vitamin B12 711 pmol/L (301-740)

Requested Tests : VBF, TFT, QFS, GLU, CRP, MBA*, LIP, FE, FBE, EBV, DVI*, CML,
ARV

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Laboratory: Lavery Pathology
Addressee: DR NAVIN ERATHNAGE Referred by: DR NAVIN ERATHNAGE

Name of Test: THYROID FUNCTION TEST (TFT-0)
Requested: 08/12/2022 Collected: 09/12/2022 Reported: 13/12/2022
15:39

Clinical notes: Check up

Clinical Notes : Check up

THYROID PROFILE

Specimen Type: Serum
TSH

1.6 mIU/L (0.5-4.0)

Result(s) consistent with euthyroidism.

Please note the above reference intervals have been developed from a non-pregnant healthy general population study.

Requested Tests : VBF, TFT, QFS, GLU, CRP, MBA*, LIP, FE, FBE, EBV, DVI*, CML, ARV

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Laboratory: Laverty Pathology
Addressee: DR NAVIN ERATHNAGE Referred by: DR NAVIN ERATHNAGE

Name of Test: VITAMIN D (DVI-0)
Requested: 08/12/2022 Collected: 09/12/2022 Reported: 13/12/2022
16:08

Clinical notes: Check up

Clinical Notes : Check up

VITAMIN D

Haemolysis	Nil	
Serum 25(OH) Vitamin D	63	nmol/L

Suggested decision limits for Vitamin D status:

Sufficiency	51 -200	nmol/L
Mild deficiency	25 - 50	nmol/L
Marked deficiency	< 25	nmol/L
Toxicity	>250	nmol/L

References: Vitamin D and health in adults in Australia and New Zealand:
Position Statement. MJA 2012 June 18; 196(11),686-687.

Requested Tests : VBF, TFT, QFS, GLU, CRP, MBA*, LIP, FE, FBE, EBV, DVI, CML,
ARV

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 Birthdate: 26/09/2002 Sex: F Medicare Number: 2321865233
 Your Reference: 00010400 Lab Reference: 22-21599013-MBA-0
 Laboratory: Laverty Pathology
 Addressee: DR NAVIN ERATHNAGE Referred by: DR NAVIN ERATHNAGE

Name of Test: SERUM CHEMISTRY (MBA-0)
 Requested: 08/12/2022 Collected: 09/12/2022 Reported: 13/12/2022
 16:23

Clinical notes: Check up

Clinical Notes : Check up

SERUM CHEMISTRY

Specimen Type: Serum

Haemolysis	Nil
Icterus	Nil
Lipaemia	Nil

Sodium	142	mmol/L	(135-145)
Potassium	5.2	mmol/L	(3.6-5.4)
Chloride	104	mmol/L	(95-110)
Bicarbonate	14	mmol/L	(22-32)
Anion Gap	29	mmol/L	(10-20)
Urea	3.1	mmol/L	(2.5-6.7)
Creatinine	80	umol/L	(45-90)
eGFR	> 90		mL/min/1.73m ²
Bilirubin	6	umol/L	(< 15)
AST	50	U/L	(< 30)
ALT	18	U/L	(< 30)
GGT	14	U/L	(< 30)
Alkaline Phosphatase	70	U/L	(20-105)
Protein	76	g/L	(60-82)
Albumin	51	g/L	(38-50)
Globulin	25	g/L	(20-39)

eGFR $\geq$ 90 mL/min/1.73m² usually indicates normal kidney function but does not exclude patients with early kidney damage (those with albuminuria, haematuria or abnormal kidney imaging).

PLEASE NOTE: Bicarbonate may be artefactually low due to sample evaporation in a small volume specimen and/or when there is a delay in analysis. Suggest recollection as clinically appropriate.

Requested Tests : VBF, TFT, QFS, GLU, CRP, MBA, LIP, FE, FBE, EBV, DVI, CML, ARV