



ROYAL HOBART HOSPITAL

CLINICAL CHEMISTRY REPORT

THCI: 106065878

URNO:

Lab#: 25P079843

To:

UNIT:**External Ref #:**

DOB:

Sex:

Male

Address:**Location:**

Outpatient

Referred by:

(21/03/2025)

Requested:

Lead, IgE, RAST, RhF, CCP, ENA, ANA, ESR, CRProt, Urate, A

Page 1 of 1

BIOCHEMISTRY

Request No:	P167745	P137412	P238413	P079843
Date:	29/06/20	17/05/23	24/08/23	25/03/25
Time:	14:40	09:55	10:05	14:00

Units	Ref Range	Sample Type	Serum	Serum	Serum	Serum
g/L	7.0-16.0	IgG				12.00
g/L	0.70-4.00	IgA				1.10
g/L	0.40-2.30	IgM				0.90
		Electroph'sis				*
g/L	0.90-1.80	C3	0.93			
g/L	0.10-0.40	C4	0.32			
IU/mL	<14	RhF	<10			<10
ug/L	<7.0	AFP		8H	9H	
ug/L	0.25-2.10	PSA		0.58		

17/05/23 23P137412

Age related median PSA value for patient 18-29 years is 0.60 ug/L.

25/03/25 25P079843

Comment Serum electrophoresis result: Paraprotein not detected.
Immunofixation electrophoresis: No monoclonal protein was detected.

NOTE: Tumour markers are measured using the Roche electrochemiluminescence immunoassay (ECLIA). Results can vary depending on the testing procedure, and are not directly comparable with those obtained with other methods.

NOTE: Entries labelled 'UNK' in the 'Time' row of this report indicate that the specimen collection time was not readily identifiable. Those results appear in order of time registered in laboratory.



AUTHORISED BY

Collected: 25/03/2025 14:00 Registered: 25/03/2025 16:23 Auth / Int: 03/04/2025 13:25 Printed: 03 Apr 2025 13:28



ROYAL HOBART HOSPITAL

REFERRED TESTING REPORT

THCI: 106065878
 URNO:
 Lab#: 25P079843

To: ██████ UNIT: External Ref #:	DOB: ██████ Sex: Male Address: Location: Outpatient Referred by: ██████ Requested: Lead, IgE, RAST, RhF, CCP, ENA, ANA, ESR, CRProt, Urate, A
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Page 2 of 3

Allergy Testing			
IgE	52	kU/L	(< 114)
Specific IgE			
d1 D. Pteronyssinus	1.99	kUA/L	
fx5 Staple food mix	See Below	kUA/L	
rx3 Grass/Weed Mix	1.30	kUA/L	

Allergen Interpretation

Allergen Mix		
Range kUA/L	Interpretation	
< 0.35	Negative	
>= 0.35	Positive	
Single Allergen		
Range kUA/L	Class	Interpretation
< 0.35	0	Negative
0.35-0.69	1	Low
0.70-3.49	2	Moderate
3.50-17.49	3	High
17.50-50.99	4	Very High
51.00-99.00	5	Very High
> 99	6	Very High

A negative specific IgE result does not exclude allergy and may have clinical significance. Conversely, positive results indicate sensitisation, however may not be associated with clinical manifestations. Clinical correlation is always recommended.

Specific IgE testing to uncommon allergens may take up to 4-6 weeks.

NOTES:

Episode 17721798 25-Mar-25 19:00
 Comments: The request note was reviewed and specific IgE allergens were not requested.
 Specific IgE testing was performed to Grass/Weed mix and D. pteronyssinus (house dust mite) to cover common

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ROYAL HOBART HOSPITAL REFERRED TESTING REPORT

THCI: 106065878
URNO:
Lab#: 25P079843

To: ██████ UNIT: External Ref #:	DOB: ██████, ██████ Sex: Male Address: Location: Outpatient Referred by: ██████ Requested: Lead, IgE, RAST, RhF, CCP, ENA, ANA, ESR, CRProt, Urate, A
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Page 3 of 3

aeroallergens.
Testing to a food mix panel is not recommended as
this may
lead to unnecessary avoidance of multiple food gr
roups.
Specific testing to individual food allergens may
be
performed, depending on the clinical history.
Please contact the Immunopathologist on 03 9496 5
119, to
discuss if required.
Milk,
fx5 Staple food Allergen Mix Contains: Egg white,
Fish (cod), Wheat, Peanut, Soybean.
ains:
rx3 Regional Grass/Weed Pollens Allergen Mix Cont
mmon
Bermuda grass (Couch), Rye grass, Bahia grass, Co
Ragweed, Plantain, Goosefoot (Lamb's quarters).

CONFIDENTIALITY NOTICE: This report is confidential. If you are not the intende
d recipient and have received this report in error.
Please notify ██████ via email at ██████
and confidentially discard this report.

Immunopathologist: ██████ COMPLETE Printed: 31-Mar
-25 16:34

Date Report Returned:
External Laboratory's Reference Number:

NOTE: * Original Copy Of Laboratory Report Held In RHH Pathology *



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ROYAL HOBART HOSPITAL REFERRED TESTING REPORT

THCI: 106065878
URNO:
Lab#: 25P079843

To: ██████ UNIT: External Ref #:	DOB: ██████, ██████ Sex: Male Address: Location: Outpatient Referred by: ██████ Requested: Lead, IgE, RAST, RhF, CCP, ENA, ANA, ESR, CRProt, Urate, A
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Page 2 of 2

ANCA Negative

NOTES:

Episode 17721798 25-Mar-25 19:00

Comments:

In general, ANCA testing does not exclude or confirm the diagnosis of vasculitis. Correlation with other clinical and laboratory findings is recommended.

CONFIDENTIALITY NOTICE: This report is confidential. If you are not the intended recipient and have received this report in error. Please notify : via email at and confidentially discard this report.

Immunopathologist:

COMPLETE

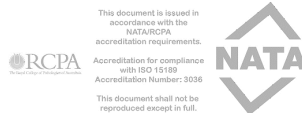
Printed: 31-Mar

-25 12:31

Date Report Returned: 31/03/2025

External Laboratory's Reference Number: 17721798

NOTE: * Original Copy Of Laboratory Report Held In RHH Pathology *



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ROYAL HOBART HOSPITAL REFERRED TESTING REPORT

THCI: 106065878
URNO:
Lab#: 25P079843

To: ██████ UNIT: External Ref #:	DOB: ██████, ██████ Sex: Male Address: Location: Outpatient Referred by: ██████ Requested: Lead, IgE, RAST, RhF, CCP, ENA, ANA, ESR, CRProt, Urate, A
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Page 1 of 1

- RESULTS OF INVESTIGATIONS REFERRED TO

TESTS ORDERED:
- Blood Lead

Specimen Collection Date: 25/03/2025 Time: 14:00

Specimen Dispatch Date: 26/03/2025

LABORATORY PERFORMING TEST:

R E P O R T

Lead WB : <0.03 mcmol/L <=0.24 N

The National Health and Medical Research Council recommends that if a person has a blood lead level greater than 0.24 umol/L (5 ug/dL) the source of exposure should be investigated and reduced, particularly if the person is a child or pregnant woman. Further information, including guidelines on managing lead in exposed individuals, can be sourced from www.nhmrc.gov.au/guidelines/publications/eh58
Any detectable blood lead levels in paediatric patients is considered abnormal (regardless if the level is <0.24 umol) and further investigations are recommended.
Blood lead levels greater than 0.24 umol/L are notified to the Department of Health & Human Services, Victoria.

Date Report Returned: 02/04/2025
External Laboratory's Reference Number: 7781479

NOTE: * Original Copy Of Laboratory Report Held In RHH Biochemistry *



Accreditation for compliance
with ISO 15189
Accreditation Number: 3036
This document shall not be
reproduced except in full.



Collected: 25/03/2025 14:00 Registered: 25/03/2025 16:23 Auth / Int: 02/04/2025 11:24 Printed: 02 Apr 2025 11:26

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ROYAL HOBART HOSPITAL

CLINICAL CHEMISTRY REPORT

THCI: 106065878
URNO:
Lab#: 25P079843

To: ██████ UNIT: External Ref #:	DOB: ██████ Sex: Male Address: Location: Outpatient Referred by: ██████ Requested: Lead, IgE, RAST, RhF, CCP, ENA, ANA, ESR, CRProt, Urate, A
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Page 1 of 1

BIOCHEMISTRY

		Request No:	P167745	P137412	P238413	P079843
		Date:	29/06/20	17/05/23	24/08/23	25/03/25
		Time:	14:40	09:55	10:05	14:00
Units	Ref Range	Sample Type	Serum	Serum	Serum	Serum
g/L	7.0-16.0	IgG				12.00
g/L	0.70-4.00	IgA				1.10
g/L	0.40-2.30	IgM				0.90
		Electroph'sis				*
g/L	0.90-1.80	C3	0.93			
g/L	0.10-0.40	C4	0.32			
IU/mL	<14	RhF	<10			<10
ug/L	<7.0	AFP		8H	9H	
ug/L	0.25-2.10	PSA		0.58		

17/05/23 23P137412

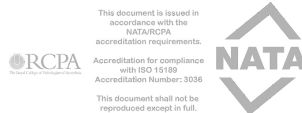
Age related median PSA value for patient 18-29 years is 0.60 ug/L.

25/03/25 25P079843

Comment Serum electrophoresis result: Paraprotein not detected.
Immunofixation electrophoresis: No monoclonal protein was detected.

NOTE: Tumour markers are measured using the Roche electrochemiluminescence immunoassay (ECLIA).
Results can vary depending on the testing procedure, and are not directly comparable with those obtained with other methods.

NOTE: Entries labelled 'UNK' in the 'Time' row of this report indicate that the specimen collection time was not readily identifiable.
Those results appear in order of time registered in laboratory.



AUTHORISED BY

Collected: 25/03/2025 14:00 Registered: 25/03/2025 16:23 Auth / Int: 03/04/2025 13:25 Printed: 03 Apr 2025 13:28

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ROYAL HOBART HOSPITAL

FLOW CYTOMETRY REPORT

THCI: 106065878

URNO:

Lab#: 25P079843

To: ██████

UNIT:

External Ref #:

██████, ██████ ██████

DOB: ██████ Sex: Male

Address:

Location: Outpatient

Referred by: ██████

Requested: Lead, IgE, RAST, RhF, CCP, ENA, ANA, ESR, CRProt, Urate, A

Page 1 of 1

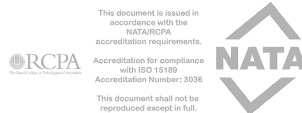
FLOW CYTOMETRY QUANTITATION OF HLA-B27

SPECIMEN TYPE ANALYSED: Peripheral Blood

HLA-B27 (by Flow Cytometry): NEGATIVE

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AUTHORISED

Collected: 25/03/2025 14:00 Registered: 25/03/2025 16:23 Auth / Int: 26/03/2025 17:55 Printed: 26 Mar 2025 17:57



ROYAL HOBART HOSPITAL

HAEMATOLOGY REPORT

THCI: 106065878
 URNO:
 Lab#: 25P079843

To: ██████ UNIT: External Ref #:	DOB: ██████ Sex: Male Address: _____ Location: Outpatient Referred by: ██████ Requested: Lead, IgE, RAST, RhF, CCP, ENA, ANA, ESR, CRProt, Urate, A
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FULL BLOOD EXAMINATION

			Request No:				
			Date:				
			Time:				
Ref Range							
Sample Type			Whole Bl	Whole Bl	Whole Bl	Whole Bl	Whole Bl
Film			0	0	1	0	
Hb	130-164	g/L	151	158	*	157	
RCC	4.0-5.4	x10 ¹² /L	5.16	5.27	*	5.42H	
Hct	0.38-0.48	L/L	0.46	0.48	*	0.46	
MCV	83-97	fL	88	90	*	84	
MCH	28-34	pg	29	30	*	29	
MCHC	334-355	g/L	331L	333L	*	343	
RDW	12.1-15.1	%	14.0	14.6	*	13.5	
WCC	3.5-9.6	x10 ⁹ /L	10.6H	10.6H		6.7	
Neut	1.8-6.6	x10 ⁹ /L	7.3H	8.7H		3.5	
Lymph	0.9-2.7	x10 ⁹ /L	2.3	1.3		1.9	
Mono	0.2-0.8	x10 ⁹ /L	0.9H	0.5		0.9H	
Eos	0.04-0.4	x10 ⁹ /L	0.13	0.03L		0.31	
Baso	<0.08	x10 ⁹ /L	0.03	0.03		0.03	
Imm Gran		x10 ⁹ /L	<1	<1		<1	
Plat	160-420	x10 ⁹ /L	359	355	*	329	
MPV	7.1-10.4	fL	9.1	8.4	*	7.8	
PDW		%	8.5	8.3	*	7.9	
ESR	<13	mm/h					<1

31/01/25 25P027966

COMMENT : * Samples received with this episode were grossly haemolysed and unsuitable for testing. Results have been removed. A recollection required.

NOTE: ESR is not recommended for routine screening or monitoring of inflammation. In most situations the CRP is superior in terms of rapidity of response, sensitivity and specificity for assessment of an acute phase response. However, ESR remains helpful as part of the management of certain rheumatologic conditions.

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ROYAL HOBART HOSPITAL

REFERRED TESTING REPORT

THCI: 106065878
 URNO:
 Lab#: 25P079843

To: ██████ UNIT: External Ref #:	DOB: ██████ Sex: Male Address: _____ Location: Outpatient Referred by: ██████ Requested: Lead, IgE, RAST, RhF, CCP, ENA, ANA, ESR, CRProt, Urate, A
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Time:	10:20	19:00		
Episode No.:	11244341	17721798	Units	Ref. Range
CCP Ab	< 1.2	< 1.2	U/mL	(< 5.3)
Antinuclear Antibodies				
ANA	Negative	Negative		
Extractable nuclear antigens				
Anti-Sm	Negative	Negative		
Anti-RNP	Negative	Negative		
Anti-Ro (SS-A)	Negative	Negative		
Anti-La (SS-B)	Negative	Negative		
Anti-Scl-70	Negative	Negative		
Anti-Jo-1	Negative	Negative		
Anti-PMSCL	Negative	Negative		
Anti-Ribosomal P	Negative	Negative		
Anti-PCNA	Negative	Negative		
dsDNA	< 10.0	< 9.8	IU/mL	See Below

NOTES:

Episode 17721798 25-Mar-25 19:00

Comments:

Anti-dsDNA antibodies measured using chemiluminescence (Werfen BioFlash). The same analytical method should be used for serial monitoring. Specificity for SLE may be reduced in ANA-negative patients and clinical correlation is recommended.

dsDNA Antibody reference range:

Negative	<27 IU/mL
Indeterminate	27 - 35 IU/mL
Positive	>35 IU/mL

Episode 11244341 29-Jun-20 10:20

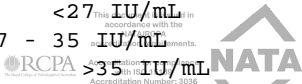
Comments:

As of 20/11/2018, CCP-Ab measured by chemiluminescence. Results are not directly comparable to the previous assay.

dsDNA Antibody:

Negative	<27 IU/mL
Indeterminate	27 - 35 IU/mL
Positive	>35 IU/mL

As of 18/4/2017, anti-dsDNA measured by chemiluminescence (Werfen BioFlash). Results from this assay are not directly comparable to the





ROYAL HOBART HOSPITAL REFERRED TESTING REPORT

THCI: 106065878
URNO:
Lab#: 25P079843

To: UNIT: External Ref #:	DOB: Sex: Male Address: Location: Outpatient Referred by: Requested: Lead,IgE,RAST,RhF,CCP,ENA,ANA,ESR,CRProt,Urate,A
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Page 2 of 2

Tissue transglutaminase IgA	<	2	2	Units	(< 20)
Deamidated Gliadin Peptide IgG	<	3	< 3	Units	(< 20)

NOTES:

Episode 17721798 25-Mar-25 19:00

Comments:

Coeliac serology: Please note - Antibody levels may vary depending on gluten exposure in diet. The detection of IgA tTG may be falsely negative in the setting of total IgA deficiency. If a clinical suspicion of coeliac disease persists, suggest correlation with total IgA levels and duodenal biopsy if clinically indicated.

Episode 11244341 29-Jun-20 10:20

Comments:

Coeliac serology: Please note - Antibody levels may vary depending on gluten exposure in diet. The detection of IgA tTG may be falsely negative in the setting of total IgA deficiency. If a clinical suspicion of coeliac disease persists, suggest correlation with total IgA levels and duodenal biopsy if clinically indicated.

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Immunopathologist

COMPLETE

Printed: 31-Mar

-25 13:32

Date Report Returned:

External Laboratory's Reference Number:

NOTE: * Original Copy Of Laboratory Report Held In RHH Pathology *



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ROYAL HOBART HOSPITAL
REFERRED TESTING REPORT

THCI: 106065878
URNO:
Lab#: 25P079843

To: ██████	DOB: ██████, ██████ Sex: Male
UNIT:	Address: ██████
External Ref #:	Location: Outpatient
	Referred by: ██████
	Requested: Lead,IgE,RAST,RhF,CCP,ENA,ANA,ESR,CRProt,Urate,A

Page 2 of 2

ANCA Negative

NOTES:
Episode 17721798 25-Mar-25 19:00
Comments:

In general, ANCA testing does not exclude or confirm the diagnosis of vasculitis. Correlation with other clinical and laboratory findings is recommended.

CONFIDENTIALITY NOTICE: This report is confidential. If you are not the intended recipient and have received this report in error. Please notify via email at - and confidentially discard this report.

Immunopathologist: COMPLETE Printed: 31-Mar-25 12:31

Date Report Returned: 31/03/2025
External Laboratory's Reference Number: 17721798

NOTE: * Original Copy Of Laboratory Report Held In RHH Pathology *



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AlfredHealth A.P.A.

MRN: **7781479**

NATA Accredited Laboratory 2349

DOB: Age: 31 years

Sex: Male

Location: X Pathology

Biochemistry

Biochem Blood

		Collected Date	25/03/2025
		Collected Time	14:00 AEDT
Procedure	Units	Reference Range	
Lead WB	mcmol/L	[<=0.24]	<0.03 ^{O1 I1}

Order Comments

O1: Lead/WB

Referred Laboratory Number: 25P079843

Interpretive Data

I1: Lead WB

The National Health and Medical Research Council recommends that if a person has a blood lead level greater than 0.24 $\mu\text{mol/L}$ (5 $\mu\text{g/dL}$) the source of exposure should be investigated and reduced, particularly if the person is a child or pregnant woman. Further information, including guidelines on managing lead in exposed individuals, can be sourced from www.nhmrc.gov.au/guidelines/publications/eh58

Any detectable blood lead levels in paediatric patients is considered abnormal (regardless if the level is <0.24 μmol) and further investigations are recommended.

Blood lead levels greater than 0.24 $\mu\text{mol/L}$ are notified to the Department of Health & Human Services, Victoria.

Anatomical Pathology	Clinical Biochemistry	Haematology	Microbiology
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Page 1 of 1



ROYAL HOBART HOSPITAL

CLINICAL CHEMISTRY REPORT

THCI: 106065878
 URNO:
 Lab#: 25P095054

To: UNIT: External Ref #:	DOB: ██████, ██████ Sex: Male Address: Location: Outpatient Referred by: Requested: FBC, CRProt, 2, ETS, IronS, B12, Caer, CCP, ANA, ENA, Rh
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VITAMIN B12 / FOLATE REPORT

Serum Vitamin B12 503 pmol/L (130-850)

VITAMIN B12 / FOLATE

Request No:		P033080	P167745	P137412	P194132	P095054
Date:		14/02/20	29/06/20	17/05/23	10/07/24	09/04/25
Time:		13:10	14:40	09:55	13:55	13:30
Units		-----				
Ref Range						
pmol/L	130-850	Serum B12	135	107L	350	546
pmol/L	37-188	aB12	35L	33L		503
nmol/L	>5.0	Se Folate		20.3	20.4	32.6

29/06/20 14:40
 Vitamin B12 deficiency is highly likely.

Holotranscobalamin is measured using the Roche electrochemiluminescence immunoassay (ECLIA). Results can vary depending on the testing procedure and are not directly comparable with those obtained by other methods.

14/02/20 13:10
 Vitamin B12 deficiency is highly likely.

Holotranscobalamin is measured using the Roche electrochemiluminescence immunoassay (ECLIA). Results can vary depending on the testing procedure and are not directly comparable with those obtained by other methods.

NOTE: Entries labelled 'UNK' in the 'Time' row of this report indicate that the specimen collection time was not readily identifiable. Those results appear in order of time registered in laboratory.

AUTHORISED BY

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ROYAL HOBART HOSPITAL
CLINICAL CHEMISTRY REPORT

THCI: 106065878
URNO: ██████
Lab#: 25P095054

To:	██████████, ██████████ ██████████
UNIT:	DOB: ████████ Sex: Male
External Ref #:	Address: ██████████
	Location: Outpatient
	Referred by: ██████████
	Requested: FBC, CRProt, 2, ETS, IronS, B12, Caer, CCP, ANA, ENA, Rh

GENERAL BIOCHEMISTRY

		Request No:	P194132	P027966	P027994	P079843	P095054
		Date:	10/07/24	31/01/25	31/01/25	25/03/25	09/04/25
		Time:	13:55	02:40	04:15	14:00	13:30
Units	Ref Range		-----	-----	-----	-----	-----
		<u>SERUM</u>					
mmol/L	135-145	Na	139	*	134L		141
mmol/L	3.5-5.2	K	4.6	*	4.3		4.6
mmol/L	95-110	Cl	101	*	95		100
mmol/L	22-32	HCO3	27	*	27		28
mmol/L	2.7-7.8	Urea	5.7	*	2.7		7.6
umol/L	60-110	Creat	95	*	98		92
mL/min/1.73 m2		eGFR	92	*	88L		95
mmol/L	4-13	An.Gap	11	*	12		13
IU/L	40-250	CK	218	*	238		
ng/L	<15	TroponinT		*	7		
IU/L	10-60	Lipase	31				
g/L	60-80	TP	80	*	71		
g/L	35-52	Alb	47	*	41		
g/L	25-35	Globulin	33		30		
IU/L	30-110	ALP	55	*	63		
IU/L	5-40	ALT	32	*	19		
IU/L	5-35	AST	27	*	23		
IU/L	5-50	GGT	24	*	18		
umol/L	<25	Bilirubin	6	*	8		
mmol/L	2.10-2.60	Ca	2.48	*	2.28		
mmol/L	2.10-2.60	Ca (corr)	2.34	*	2.26		
mmol/L	0.75-1.50	Phos	0.87	*	1.05		
mmol/L	0.70-1.10	Mg	0.97	*	0.87		
umol/L	229-453	Urate	249			228L	
ug/L	30-300	Ferritin	27L				365H
umol/L	11-28	Iron	6L				23
g/L	2.00-3.60	Transf'n	3.96H				3.38
%	15.0-55.0	TRF Sat'n	6.0L				27.1
mg/L	<5	CRP	<1	*	5H	1	<1

09/04/25 25P095054
Raised serum ferritin with normal transferrin saturation.
Exclude liver disease, renal impairment and inflammatory conditions and iron therapy as a cause of elevated ferritin.
If cause is unknown, repeat iron studies and C-reactive protein every 3-6 months. Progressively increasing ferritin concentrations warrant further investigation.

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ROYAL HOBART HOSPITAL
REFERRED TESTING REPORT

THCI: 106065878
URNO:
Lab#: 25P095054

To:

UNIT:

External Ref #:

DOB: Sex: Male

Address:

Location: Outpatient

Referred by:

Requested: FBC, CRProt, 2, ETSH, IronS, B12, Caer, CCP, ANA, ENA, Rh

Allergy Testing				
IgE	52	59	kU/L	(< 114)
Specific IgE				
d1 D. Pteronyssinus	1.99	1.87	kUA/L	
fx5 Staple food mix	See Below	--	kUA/L	
rx3 Grass/Weed Mix	1.30	1.12	kUA/L	

Allergen Interpretation

Allergen Mix			
Range	kUA/L	Interpretation	
<	0.35	Negative	
>/=	0.35	Positive	
Single Allergen			
Range	kUA/L	Class	Interpretation
<	0.35	0	Negative
0.35-0.69		1	Low
0.70-3.49		2	Moderate
3.50-17.49		3	High
17.50-50.99		4	Very High
51.00-99.00		5	Very High
> 99		6	Very High

A negative specific IgE result does not exclude allergy and may have clinical significance. Conversely, positive results indicate sensitisation, however may not be associated with clinical manifestations. Clinical correlation is always recommended.

Specific IgE testing to uncommon allergens may take up to 4-6 weeks.

NOTES:
Episode 17777656 09-Apr-25 13:30
Comments: A specific IgE allergen was not requested. Specific IgE testing was performed to Grass/Weed mix and D. pteronyssinus (house dust mite) to cover common aeroallergens. Please contact the Immunology Laboratory on

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ROYAL HOBART HOSPITAL
REFERRED TESTING REPORT

THCI: 106065878
URNO:
Lab#: 25P095054

To:	DOB: Sex: Male
UNIT:	Address:
External Ref #:	Location: Outpatient
	Referred by:
	Requested: FBC,CRProt,2,ETSH,IronS,B12,Caer,CCP,ANA,ENA,Rh

Page 3 of 4

03 9496 5254, if required.

ains: rx3 Regional Grass/Weed Pollens Allergen Mix Cont

mmon Bermuda grass (Couch), Rye grass, Bahia grass, Co

Ragweed, Plantain, Goosefoot (Lamb's quarters).

Episode 17721798 25-Mar-25 19:00

Comments: The request note was reviewed and specific IgE al

lergens were not requested.

Specific IgE testing was performed to Grass/Weed

mix and D. pteronyssinus (house dust mite) to cover common

aeroallergens.

this may Testing to a food mix panel is not recommended as

lead to unnecessary avoidance of multiple food gr

oups. Specific testing to individual food allergens may

be performed, depending on the clinical history.

119, to Please contact the Immunopathologist on 03 9496 5

Milk, discuss if required.

ains: fx5 Staple food Allergen Mix Contains: Egg white,

mmon Fish (cod), Wheat, Peanut, Soybean.

rx3 Regional Grass/Weed Pollens Allergen Mix Cont

Bermuda grass (Couch), Rye grass, Bahia grass, Co

Ragweed, Plantain, Goosefoot (Lamb's quarters).

CONFIDENTIALITY NOTICE: This report is confidential. If you are not the intende

d recipient and have received this report in error.

Please notify via email at

and confidentially discard this report.

Immunopathologist:

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ROYAL HOBART HOSPITAL
HAEMATOLOGY REPORT

THCI: 106065878
URNO:
Lab#: 25P095054

To:

UNIT:
External Ref #:

DOB: Sex: Male
Address:
Location: Outpatient
Referred by:

Requested: FBC, CRProt, 2, ETS, IronS, B12, Caer, CCP, ANA, ENA, Rh

Page 1 of 1

FULL BLOOD EXAMINATION

Request No:		P194132	P027966	P027994	P079843	P095054
Date:		10/07/24	31/01/25	31/01/25	25/03/25	09/04/25
Time:		13:55	02:40	04:15	14:00	13:30
Ref Range						
Sample Type		Whole B1	Whole B1	Whole B1	Whole B1	Whole B1
Film		0	1	0		0
Hb	130-164 g/L	158	*	157		169H
RCC	4.0-5.4 x10 ¹² /L	5.27	*	5.42H		5.50H
Hct	0.38-0.48 L/L	0.48	*	0.46		0.50H
MCV	83-97 fL	90	*	84		91
MCH	28-34 pg	30	*	29		31
MCHC	334-355 g/L	333L	*	343		338
RDW	12.1-15.1 %	14.6	*	13.5		15.9H
WCC	3.5-9.6 x10 ⁹ /L	10.6H		6.7		9.3
Neut	1.8-6.6 x10 ⁹ /L	8.7H		3.5		6.9H
Lymph	0.9-2.7 x10 ⁹ /L	1.3		1.9		1.8
Mono	0.2-0.8 x10 ⁹ /L	0.5		0.9H		0.5
Eos	0.04-0.4 x10 ⁹ /L	0.03L		0.31		0.05
Baso	<0.08 x10 ⁹ /L	0.03		0.03		0.03
Imm Gran	x10 ⁹ /L	<1		<1		<1
Plat	160-420 x10 ⁹ /L	355	*	329		287
MPV	7.1-10.4 fL	8.4	*	7.8		8.4
PDW	%	8.3	*	7.9		8.7
ESR	<13 mm/h				<1	

31/01/25 25P027966

COMMENT : * Samples received with this episode were grossly haemolysed and unsuitable for testing. Results have been removed. A recollection required.

NOTE: ESR is not recommended for routine screening or monitoring of inflammation. In most situations the CRP is superior in terms of rapidity of response, sensitivity and specificity for assessment of an acute phase response. However, ESR remains helpful as part of the management of certain rheumatologic conditions.

NOTE: Entries labelled 'UNK' in the 'Time' row of this report indicate that the specimen collection time was not readily identifiable. Those results appear in order of time registered in laboratory.



ROYAL HOBART HOSPITAL

ENDOCRINOLOGY REPORT

THCI: 106065878
URNO:
Lab#: 25P095054

To:

UNIT:

External Ref #:

DOB: Sex: Male

Address:

Location: Outpatient

Referred by:

Requested: FBC, CRProt, 2, ETS, IronS, B12, Caer, CCP, ANA, ENA, Rh

Page 1 of 1

GENERAL ENDOCRINOLOGY

Request No: P277736 P072513 P152040 P194132 P095054
Date: 02/10/23 08/03/24 29/05/24 10/07/24 09/04/25
Time: 11:00 11:20 09:35 13:55 13:30

Test	Ref Range	Units				
Cortisol	138-690	nmol/L				513
BEST diol	39-163	pmol/L	335H	218H	176H	
TSH	0.4-4.0	mU/L			0.8	0.8
I-PTH	0.32-8.2	pmol/L		3.85	2.71	
Calcium	2.10-2.55	mmol/L		*	2.48	
C-Calcium	2.10-2.55				2.34	
I-Calcium	1.14-1.29	mmol/L		1.15	*	
Testost	2.5-30	nmol/L	18.8	28.50	18.3	22.1
SHBG	10-57	nmol/L	48	36.0	6L	
FAI	25-53		39.2	79.2H	305.0H	
25-OH VitD	>50	nmol/L	165	167		80 170

NOTE: 'asfotase alfa' (STRENSIQ), used to manage hypophosphatasia, can interfere and impact reporting of in vitro Endocrinology hormone test results. Patients treated with this drug need to be appropriately identified on request form.

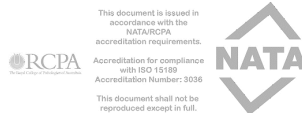
NOTE: Entries labelled 'UNK' in the 'Time' row of this report indicate that the specimen collection time was not readily identifiable. Those results appear in order of time registered in laboratory.

SAMPLE TYPE: Unless otherwise indicated, all testing is undertaken on SERUM samples, with the following exceptions;
PLASMA: ACTH, Renin.

Classification of VitD (25OHD) levels in adults and children:

Adequate: >50 nmol/L
Mild deficiency: 30 - 49
Moderate deficiency: 12.5 - 29
Severe deficiency: <12.5

(Ref: VitD Health Pos Statement, MJA 196(11) 18 June 2012)



Collected: 09/04/2025 13:30 Registered: 09/04/2025 14:53 Auth / Int: 09/04/2025 17:30 Printed: 09 Apr 2025 17:33



ROYAL HOBART HOSPITAL

CLINICAL CHEMISTRY REPORT

THCI: 106065878

URNO:

Lab#: 25P095054

To:

UNIT:**External Ref #:**

DOB:

Sex:

Male

Address:**Location:**

Outpatient

Referred by:

Requested:

FBC, CRP, 2, ETS, Iron, S, B12, Caer, CCP, ANA, ENA, Rh

Page 1 of 1

BIOCHEMISTRY

Request No:	P167745	P137412	P238413	P079843	P095054
Date:	29/06/20	17/05/23	24/08/23	25/03/25	09/04/25
Time:	14:40	09:55	10:05	14:00	13:30

Units	Ref Range	Sample Type	Serum	Serum	Serum	Serum	Serum
g/L	7.0-16.0	IgG				12.00	
g/L	0.70-4.00	IgA				1.10	
g/L	0.40-2.30	IgM				0.90	
		Electroph'sis				*	
g/L	0.90-1.80	C3	0.93				
g/L	0.10-0.40	C4	0.32				
IU/mL	<14	RhF	<10			<10	<10
g/L	0.20-0.60	Caer'plasmin					0.25
ug/L	<7.0	AFP		8H	9H		
ug/L	0.25-2.10	PSA		0.58			

17/05/23 23P137412

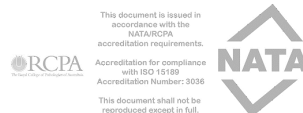
Age related median PSA value for patient 18-29 years is 0.60 ug/L.

25/03/25 25P079843

Comment Serum electrophoresis result: Paraprotein not detected.
Immunofixation electrophoresis: No monoclonal protein was detected.

NOTE: Tumour markers are measured using the Roche electrochemiluminescence immunoassay (ECLIA). Results can vary depending on the testing procedure, and are not directly comparable with those obtained with other methods.

NOTE: Entries labelled 'UNK' in the 'Time' row of this report indicate that the specimen collection time was not readily identifiable. Those results appear in order of time registered in laboratory.



AUTHORISED BY

Collected: 09/04/2025 13:30 Registered: 09/04/2025 14:53 Auth / Int: 09/04/2025 17:29 Printed: 09 Apr 2025 17:31



ROYAL HOBART HOSPITAL

CLINICAL CHEMISTRY REPORT

THCI: 106065878
 URNO:
 Lab#: 25P107295

To: UNIT: External Ref #:	DOB: , Sex: Male Address: Location: Specialist Clinics Referred by: Requested: FBC, 1, ECort, A1C, NoTest, HIV, B12F, ETSH, EVITD, ENDO
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FINAL REPORT
Page 1 of 1

VITAMIN B12 / FOLATE REPORT

Serum Vitamin B12 428 pmol/L (130-850)
 Serum Folate 14.9 nmol/L (>5.0)

VITAMIN B12 / FOLATE

		Request No:	P167745	P137412	P194132	P095054	P107295
		Date:	29/06/20	17/05/23	10/07/24	09/04/25	23/04/25
		Time:	14:40	09:55	13:55	13:30	15:15
Units	Ref Range						
pmol/L	130-850	Serum B12	107L	350	546	503	428
pmol/L	37-188	aB12	33L				
nmol/L	>5.0	Se Folate	20.3	20.4	32.6		14.9

29/06/20 14:40
 Vitamin B12 deficiency is highly likely.

Holotranscobalamin is measured using the Roche electrochemiluminescence immunoassay (ECLIA). Results can vary depending on the testing procedure and are not directly comparable with those obtained by other methods.

NOTE: Entries labelled 'UNK' in the 'Time' row of this report indicate that the specimen collection time was not readily identifiable. Those results appear in order of time registered in laboratory.



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ROYAL HOBART HOSPITAL MICROBIOLOGY REPORT

THCI: 106065878
URNO:
Lab#: 25P107295

To:

UNIT:

External Ref #:

DOB:

Sex:

Male

Address:

Location:

Specialist Clinics

Referred by:

Requested:

FBC, 1, ECort, A1C, NoTest, HIV, B12F, ETS, EVITD, ENDO

FINAL REPORT

Page 1 of 1

Sample Type: SERUM

HIV 1/2 SEROLOGY

HIV Antigen / HIV 1/2 Antibodies : Not Detected

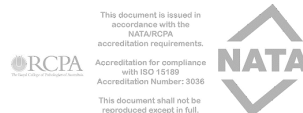
HIV Comment:

No serological evidence of HIV infection. This result does not exclude HIV infection if the exposure period was less than 12 weeks prior.

Although most infections are detectable serologically within 6 weeks, some individuals may not seroconvert until 12 weeks post-exposure.

Testing should be performed 6 to 12 weeks following exposure.

Testing performed on Abbott Alinity by Chemiluminescent Microparticle Immunoassay (CMIA).



AUTHORISED BY

Collected: 23/04/2025 15:15 Registered: 23/04/2025 16:59 Auth / Int: 24/04/2025 09:54 Printed: 24 Apr 2025 09:56



ROYAL HOBART HOSPITAL

CLINICAL CHEMISTRY REPORT

THCI: 106065878
URNO:
Lab#: 25P107295

To: UNIT: External Ref #:	DOB: , Sex: Male Address: Location: Specialist Clinics Referred by: Requested: FBC, 1, ECort, A1C, NoTest, HIV, B12F, ETSH, EVITD, ENDO
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FINAL REPORT

Page 1 of 1

BIOCHEMISTRY

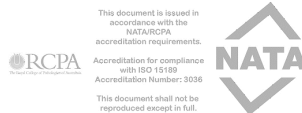
Request No: P107295
Date: 23/04/25
Time: 15:15

Units	Ref Range	Sample Type	
%	4.8-5.9	HbA1c	4.7L
mmol/mol	29-42	HbA1c (SI unit)	28L

23/04/25 25P107295
OFF

Please note that low HbA1c can be caused by any condition which lowers red cell lifespan, along with some other conditions, but it can also occur in otherwise normal patients in which the significance is uncertain. Please correlate the result with the clinical picture.

NOTE: Entries labelled 'UNK' in the 'Time' row of this report indicate that the specimen collection time was not readily identifiable. Those results appear in order of time registered in laboratory.



AUTHORISED BY Device

Collected: 23/04/2025 15:15 Registered: 23/04/2025 16:59 Auth / Int: 23/04/2025 17:29 Printed: 23 Apr 2025 17:31

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ROYAL HOBART HOSPITAL

HAEMATOLOGY REPORT

THCI: 106065878
URNO:
Lab#: 25P107295

To:

UNIT:

External Ref #:

DOB:

Sex:

Male

Address:

Location:

Specialist Clinics

Referred by:

Requested:

FBC, 1, ECort, A1C, NoTest, HIV, B12F, ETSH, EVITD, ENDO

FINAL REPORT

Page 1 of 2

FULL BLOOD EXAMINATION

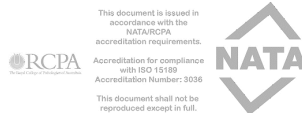
Request No:			P027966	P027994	P079843	P095054	P107295	
Date:			31/01/25	31/01/25	25/03/25	09/04/25	23/04/25	
Time:			02:40	04:15	14:00	13:30	15:15	
Ref Range			-----	-----	-----	-----	-----	
Sample Type			Whole	Bl	Whole	Bl	Whole	Bl
Film			1	0			0	0
Hb	130-164	g/L	*		157		169H	176H
RCC	4.0-5.4	x10^12/L	*		5.42H		5.50H	5.69H
Hct	0.38-0.48	L/L	*		0.46		0.50H	0.52H
MCV	83-97	fL	*		84		91	91
MCH	28-34	pg	*		29		31	31
MCHC	334-355	g/L	*		343		338	340
RDW	12.1-15.1	%	*		13.5		15.9H	14.5
WCC	3.5-9.6	x10^9/L			6.7		9.3	9.2
Neut	1.8-6.6	x10^9/L			3.5		6.9H	6.4
Lymph	0.9-2.7	x10^9/L			1.9		1.8	2.0
Mono	0.2-0.8	x10^9/L			0.9H		0.5	0.7
Eos	0.04-0.4	x10^9/L			0.31		0.05	0.02L
Baso	<0.08	x10^9/L			0.03		0.03	0.03
Imm Gran		x10^9/L			<1		<1	<1
Plat	160-420	x10^9/L	*		329		287	319
MPV	7.1-10.4	fL	*		7.8		8.4	8.3
PDW		%	*		7.9		8.7	8.5
ESR	<13	mm/h				<1		

23/04/25 25P107295

Red Cells : Note raised Hb and Hct. This may be due to reduced plasma volume (sampling error or dehydration), or represent a true polycythaemia.

Polycythaemia may be primary (Polycythaemia Vera) or secondary (e.g. hypoxia or ectopic EPO production).

Suggest clinical correlation and repeat testing.





ROYAL HOBART HOSPITAL

ENDOCRINOLOGY REPORT

THCI: 106065878
 URNO:
 Lab#: 25P107295

To: UNIT: External Ref #:	DOB: Sex: Male Address: Location: Specialist Clinics Referred by: Requested: FBC, 1, ECort, A1C, NoTest, HIV, B12F, ETSH, EVITD, ENDO
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FINAL REPORT

GENERAL ENDOCRINOLOGY

Request No: P072513 P152040 P194132 P095054 P107295
 Date: 08/03/24 29/05/24 10/07/24 09/04/25 23/04/25
 Time: 11:20 09:35 13:55 13:30 15:15

Test	Ref Range	Units					
Cortisol	138-690	nmol/L				513	552
BEST'diol	39-163	pmol/L	335H	218H	176H		
TSH	0.4-4.0	mU/L			0.8	0.8	0.7
I-PTH	0.32-8.2	pmol/L		3.85	2.71		
Calcium	2.10-2.55	mmol/L		*	2.48		
C-Calcium	2.10-2.55				2.34		
I-Calcium	1.14-1.29	mmol/L		1.15	*		
Testost	2.5-30	nmol/L	28.50	18.3	22.1		
SHBG	10-57	nmol/L	36.0	6L			
FAI	25-53		79.2H	305.0H			
25-OHvitD	>50	nmol/L	167		80	170	179

NOTE: 'asfotase alfa' (STRENSIQ), used to manage hypophosphatasia, can interfere and impact reporting of in vitro Endocrinology hormone test results. Patients treated with this drug need to be appropriately identified on request form.

NOTE: Entries labelled 'UNK' in the 'Time' row of this report indicate that the specimen collection time was not readily identifiable. Those results appear in order of time registered in laboratory.

SAMPLE TYPE: Unless otherwise indicated, all testing is undertaken on SERUM samples, with the following exceptions;
 PLASMA: ACTH, Renin.

Classification of VitD (25OHD) levels in adults and children:
 Adequate: >50 nmol/L
 Mild deficiency: 30 - 49
 Moderate deficiency: 12.5 - 29
 Severe deficiency: <12.5
 (Ref: VitD Health Pos Statement, MJA 196(11) 18 June 2012)

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ROYAL HOBART HOSPITAL
CLINICAL CHEMISTRY REPORT

THCI: 106065878
URNO:
Lab#: 25P107295

To:

UNIT:
External Ref #:

DOB: Sex: Male
Address:
Location: Specialist Clinics
Referred by:
Requested: FBC,1,ECort,A1C,NoTest,HIV,B12F,ETSH,EVIDD,ENDO

FINAL REPORT

Page 1 of 2

GENERAL BIOCHEMISTRY

Request No:		P027966	P027994	P079843	P095054	P107295
Date:		31/01/25	31/01/25	25/03/25	09/04/25	23/04/25
Time:		02:40	04:15	14:00	13:30	15:15
Units	Ref Range					
<u>SERUM</u>						
mmol/L	135-145	Na	*	134L	141	140
mmol/L	3.5-5.2	K	*	4.3	4.6	4.5
mmol/L	95-110	Cl	*	95	100	96
mmol/L	22-32	HCO3	*	27	28	29
mmol/L	2.7-7.8	Urea	*	2.7	7.6	5.2
umol/L	60-110	Creat	*	98	92	92
mL/min/1.73 m2		eGFR	*	88L	95	95
mmol/L	4-13	An.Gap	*	12	13	15H
IU/L	40-250	CK	*	238		
ng/L	<15	TroponinT	*	7		
g/L	60-80	TP	*	71		85H
g/L	35-52	Alb	*	41		51
g/L	25-35	Globulin	*	30		34
IU/L	30-110	ALP	*	63		70
IU/L	5-40	ALT	*	19		22
IU/L	5-35	AST	*	23		23
IU/L	5-50	GGT	*	18		34
umol/L	<25	Bilirubin	*	8		8
mmol/L	2.10-2.60	Ca	*	2.28		2.49
mmol/L	2.10-2.60	Ca (corr)	*	2.26		2.27
mmol/L	0.75-1.50	Phos	*	1.05		1.20
mmol/L	0.70-1.10	Mg	*	0.87		1.02
umol/L	229-453	Urate		228L		
ug/L	30-300	Ferritin			365H	
umol/L	11-28	Iron			23	
g/L	2.00-3.60	Transf'n			3.38	
%	15.0-55.0	TRF Sat'n			27.1	
mg/L	<5	CRP	*	5H	1	<1

09/04/25 25P095054
Raised serum ferritin with normal transferrin saturation.
Exclude liver disease, renal impairment and inflammatory conditions and iron therapy as a cause of elevated ferritin.
If cause is unknown, repeat iron studies and C-reactive protein every 3-6 months. Progressively increasing ferritin concentrations warrant further investigation.



ROYAL HOBART HOSPITAL

HAEMATOLOGY REPORT

THCI: 106065878
URNO:
Lab#: 25P027994

To:

UNIT:

External Ref #: 1131832

DOB: Sex: Male

Address:

Location: Outpatient

Referred by:

Requested: FBC, 1, CRProt, TropT, CK

FINAL REPORT

Page 1 of 1

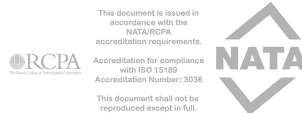
FULL BLOOD EXAMINATION

Request No:			P152040	P169558	P194132	P027966	P027994
Date:			29/05/24	16/06/24	10/07/24	31/01/25	31/01/25
Time:			09:35	*UNK*	13:55	02:40	04:15
Ref Range							
Sample Type			Whole Bl	Whole Bl	Whole Bl	Whole Bl	Whole Bl
Film			0	0	0	1	0
Hb	130-164	g/L	150	151	158	*	157
RCC	4.0-5.4	x10 ¹² /L	5.05	5.16	5.27	*	5.42H
Hct	0.38-0.48	L/L	0.46	0.46	0.48	*	0.46
MCV	83-97	fL	92	88	90	*	84
MCH	28-34	pg	30	29	30	*	29
MCHC	334-355	g/L	324L	331L	333L	*	343
RDW	12.1-15.1	%	14.2	14.0	14.6	*	13.5
WCC	3.5-9.6	x10 ⁹ /L	10.1H	10.6H	10.6H		6.7
Neut	1.8-6.6	x10 ⁹ /L	6.1	7.3H	8.7H		3.5
Lymph	0.9-2.7	x10 ⁹ /L	2.7	2.3	1.3		1.9
Mono	0.2-0.8	x10 ⁹ /L	1.1H	0.9H	0.5		0.9H
Eos	0.04-0.4	x10 ⁹ /L	0.22	0.13	0.03L		0.31
Baso	<0.08	x10 ⁹ /L	0.06	0.03	0.03		0.03
Imm Gran		x10 ⁹ /L	<1	<1	<1		<1
Plat	160-420	x10 ⁹ /L	368	359	355	*	329
MPV	7.1-10.4	fL	8.3	9.1	8.4	*	7.8
PDW		%	8.2	8.5	8.3	*	7.9

31/01/25 25P027966

COMMENT : * Samples received with this episode were grossly haemolysed and unsuitable for testing. Results have been removed. A recollection required.

NOTE: Entries labelled 'UNK' in the 'Time' row of this report indicate that the specimen collection time was not readily identifiable. Those results appear in order of time registered in laboratory.





ROYAL HOBART HOSPITAL

HAEMATOLOGY REPORT

THCI: 106065878
URNO:
Lab#: 25P027994

To:

UNIT:

External Ref #: 1131832

DOB: Sex: Male

Address:

Location: Outpatient

Referred by:

Requested: FBC, 1, CRProt, TropT, CK

FINAL REPORT

Page 1 of 1

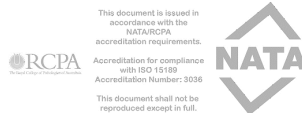
FULL BLOOD EXAMINATION

Request No:			P152040	P169558	P194132	P027966	P027994
Date:			29/05/24	16/06/24	10/07/24	31/01/25	31/01/25
Time:			09:35	*UNK*	13:55	02:40	04:15
Ref Range							
Sample Type			Whole Bl	Whole Bl	Whole Bl	Whole Bl	Whole Bl
Film			0	0	0	1	0
Hb	130-164	g/L	150	151	158	*	157
RCC	4.0-5.4	x10 ¹² /L	5.05	5.16	5.27	*	5.42H
Hct	0.38-0.48	L/L	0.46	0.46	0.48	*	0.46
MCV	83-97	fL	92	88	90	*	84
MCH	28-34	pg	30	29	30	*	29
MCHC	334-355	g/L	324L	331L	333L	*	343
RDW	12.1-15.1	%	14.2	14.0	14.6	*	13.5
WCC	3.5-9.6	x10 ⁹ /L	10.1H	10.6H	10.6H		6.7
Neut	1.8-6.6	x10 ⁹ /L	6.1	7.3H	8.7H		3.5
Lymph	0.9-2.7	x10 ⁹ /L	2.7	2.3	1.3		1.9
Mono	0.2-0.8	x10 ⁹ /L	1.1H	0.9H	0.5		0.9H
Eos	0.04-0.4	x10 ⁹ /L	0.22	0.13	0.03L		0.31
Baso	<0.08	x10 ⁹ /L	0.06	0.03	0.03		0.03
Imm Gran		x10 ⁹ /L	<1	<1	<1		<1
Plat	160-420	x10 ⁹ /L	368	359	355	*	329
MPV	7.1-10.4	fL	8.3	9.1	8.4	*	7.8
PDW		%	8.2	8.5	8.3	*	7.9

31/01/25 25P027966

COMMENT : * Samples received with this episode were grossly haemolysed and unsuitable for testing. Results have been removed. A recollection required.

NOTE: Entries labelled 'UNK' in the 'Time' row of this report indicate that the specimen collection time was not readily identifiable. Those results appear in order of time registered in laboratory.



IMEDICAL,

For Surgery Use ☐ Urgent ☐ Ring Patient ☐ Make Appointment ☐ Note in Chart ☐ File ☐

Patient **IMEDICAL,1 UNION ST PYRMONT NSW 2009**
Sex M Age 31 years DOB
Report For IMEDICAL,
Ref. by/copy to IMEDICAL,
Requested 27/01/2025
Collected 28/01/2025 12:00 AM
Reported 30/01/2025 03:37 PM

Prolactin	260	mIU/L	(< 300)
- Luteinizing Hormone	< 1	IU/L	(1-10)
- Follicle Stimulating Hormone	< 1	IU/L	(1-10)
+ Oestradiol	168	pmol/L	(< 150)
Progesterone	< 1	nmol/L	(< 3)
++ Testosterone	47	nmol/L	(10.0-33.0)
+++ free Testosterone (calc)	1376	pmol/L	(150-700)
Sex Hormone Binding Globulin	14	nmol/L	(13-71)

Clinical Notes : Fasting Required.

Pathology Report

IMEDICAL,

For Surgery Use ☐ Urgent ☐ Ring Patient ☐ Make Appointment ☐ Note in Chart ☐ File ☐

Patient [REDACTED], [REDACTED] IMEDICAL,1 UNION ST PYRMONT NSW 2009
Sex M Age 31 years DOB [REDACTED]
Report For IMEDICAL,
Ref. by/copy to IMEDICAL,
Requested 27/01/2025
Collected 28/01/2025 12:00 AM
Reported 30/01/2025 03:37 PM

Insulin 6 mU/L fasting (< 25)
Glucose 4.4 mmol/L fasting (3.0-6.0)

Clinical Notes : Fasting Required.

Pathology Report

IMEDICAL,

For Surgery Use ☐ Urgent ☐ Ring Patient ☐ Make Appointment ☐ Note in Chart ☐ File ☐

Patient	██████████, ██████████	IMEDICAL,1 UNION ST PYRMONT NSW 2009	Requested	27/01/2025	
Sex	M	Age 31 years	DOB	██████████	
Report For	IMEDICAL,		Collected	28/01/2025	12:00 AM
Ref. by/copy to	IMEDICAL,		Reported	30/01/2025	03:37 PM

ADRENAL STUDIES

Serum Cortisol	160 nmol/L	9am (220-660)
Collection time:	Not Recorded	4pm (110-390)
Clinical Notes : Fasting Required.		

Pathology Report

IMEDICAL,

For Surgery Use ☐ Urgent ☐ Ring Patient ☐ Make Appointment ☐ Note in Chart ☐ File ☐

Patient **IMEDICAL,1 UNION ST PYRMONT NSW 2009**
 Sex M Age 31 years DOB
 Report For IMEDICAL,
 Ref. by/copy to IMEDICAL,
 Requested 27/01/2025
 Collected 28/01/2025 12:00 AM
 Reported 30/01/2025 03:37 PM

CUMULATIVE SERUM HIGH SENSITIVITY C-REACTIVE PROTEIN (CRP)

Date	11/09/24	14/10/24	26/10/24	28/01/25
Time	11:36	10:00	11:52	00:00
Lab No	74971144	76184595	96538458	76187567
CRP	2.4	0.6	9.9	1.0 mg/L (0.0-6.0)

C-reactive protein (CRP) is a non-specific indicator of tissue damage. Common causes of markedly increased CRP include infection, trauma, myocardial infarction, malignancy and inflammation.

In apparently healthy men and women who have an intermediate risk of cardiovascular disease, as assessed by major risk factors, CRP can identify a higher risk subgroup with CRP > 3 mg/L.

Range(mg/L)	Risk Estimate
Up to 1.0	Low
1.0 to 3.0	Average
3.1 to 10.0	High
Over 10.0	Assess for acute inflammation

In known, stable, coronary disease a CRP > 1 mg/L has shown increased risk.
 Reference: Circulation 2003;107:499-511 & 2007;115:1528-1536

Clinical Notes : Fasting Required.

Pathology Report

IMEDICAL,

For Surgery Use ☐ Urgent ☐ Ring Patient ☐ Make Appointment ☐ Note in Chart ☐ File ☐

Patient	██████████, ██████████	IMEDICAL.1 UNION ST PYRMONT NSW 2009	Requested	27/01/2025	
Sex	M	Age 31 years	DOB	28/01/2025	12:00 AM
Report For	IMEDICAL,		Collected	30/01/2025	03:37 PM
Ref. by/copy to	IMEDICAL,		Reported		

IGF-1 (Somatomedin C) 24 nmol/L (14-42)

Clinical Notes : Fasting Required.

Pathology Report

IMEDICAL,

For Surgery Use ☐ Urgent ☐ Ring Patient ☐ Make Appointment ☐ Note in Chart ☐ File ☐

Patient [REDACTED], [REDACTED] IMEDICAL,1 UNION ST PYRMONT NSW 2009
Sex M Age 31 years DOB [REDACTED]
Report For IMEDICAL,
Ref. by/copy to IMEDICAL,

Requested 27/01/2025
Collected 28/01/2025 12:00 AM
Reported 30/01/2025 03:37 PM

- DHEA - Sulphate 0.7 umol/L (2.7-17.6)
(DeHydroEpiAndrosterone)
(previous units) 260 ng/mL (1000-6500)

Clinical Notes : Fasting Required.

Pathology Report

IMEDICAL,

For Surgery Use ☐ Urgent ☐ Ring Patient ☐ Make Appointment ☐ Note in Chart ☐ File ☐

Patient **IMEDICAL,1 UNION ST PYRMONT NSW 2009**
Sex M Age 31 years DOB
Report For IMEDICAL,
Ref. by/copy to IMEDICAL,
Requested 27/01/2025
Collected 28/01/2025 12:00 AM
Reported 30/01/2025 03:37 PM

SERUM CHEMISTRY - FASTING

-	Sodium	136	mmol/L	(137-147)
	Potassium	4.3	mmol/L	(3.5-5.0)
	Chloride	99	mmol/L	(96-109)
-	Bicarbonate	23	mmol/L	(25-33)
+	Other Anions	18	mmol/L	(4-17)
	Glucose	4.4	mmol/L	fasting (3.0-6.0)
	Urea	3.7	mmol/L	(2.5-8.0)
	Creatinine	109	umol/L	(60-130)
	eGFR	78	mL/min	(over 59)
	Uric Acid	0.25	mmol/L	(0.12-0.45)
	Total Bilirubin	10	umol/L	(2-20)
	Alk. Phos.	65	U/L	(30-115)
	Gamma G.T.	22	U/L	(0-70)
	ALT	23	U/L	(0-45)
	AST	33	U/L	(0-41)
	LD	238	U/L	(80-250)
	Calcium	2.54	mmol/L	(2.15-2.60)
	Adjusted for Albumin	2.28	mmol/L	(2.15-2.60)
	Phosphate	1.0	mmol/L	(0.8-1.5)
	Total Protein	81	g/L	(60-82)
+	Albumin	52	g/L	(35-50)
	Globulins	29	g/L	(20-40)
	Cholesterol	4.2	mmol/L	(3.6-6.7)
	Triglycerides	1.0	mmol/L	fasting (0.3-2.2)

Clinical Notes : Fasting Required.

Pathology Report

IMEDICAL,

For Surgery Use ☐ Urgent ☐ Ring Patient ☐ Make Appointment ☐ Note in Chart ☐ File ☐

Patient	██████████, ██████████	IMEDICAL,1 UNION ST PYRMONT NSW 2009	Requested	27/01/2025	
Sex	M	Age 31 years	DOB	28/01/2025	12:00 AM
Report For	IMEDICAL,		Collected	30/01/2025	03:37 PM
Ref. by/copy to	IMEDICAL,		Reported		

Serum Magnesium 0.8 mmol/L (0.7-1.1)

Clinical Notes : Fasting Required.

Pathology Report

IMEDICAL,

For Surgery Use ☐ Urgent ☐ Ring Patient ☐ Make Appointment ☐ Note in Chart ☐ File ☐

Patient [REDACTED], [REDACTED] IMEDICAL,1 UNION ST PYRMONT NSW 2009

Sex M Age 31 years DOB [REDACTED]

Report For IMEDICAL,

Ref. by/copy to IMEDICAL,

Requested 27/01/2025
Collected 28/01/2025 12:00 AM
Reported 30/01/2025 03:37 PM

CUMULATIVE LIPID RISK REPORT

Date	11/09/24	14/10/24	26/10/24	28/01/25	
Time	11:36	10:00	11:52	00:00	
Lab No	74971144	76184595	96538458	76187567	
	FASTING	FASTING	RANDOM	FASTING	
Total Cholesterol	4.5	5.1	4.4	4.2	mmol/L (below 4.0)
Triglycerides	1.6	1.4	0.6	1.0	mmol/L (below 2.0)
CHOLESTEROL FRACTIONS					
HDL	1.63	1.43	1.73	1.37	mmol/L (above 1.0)
LDL (calculated)*	2.14	3.03	2.40	2.38	mmol/L (below 2.5)
Non-HDL cholesterol	2.87	3.67	2.67	2.83	mmol/L (below 3.3)
Total/HDL ratio**	2.8	3.6	2.5	3.1	

* Secondary prevention LDL and non-HDL cholesterol targets are lower.

** The ratio is for use with the cardiovascular risk calculator.

Web-search: "Australian cardiovascular risk calculator"

76187567 Treatment is recommended if clinically indicated or if calculated risk exceeds 15% absolute risk of CVD events over 5 years.

NVDPA 2012 **Target** ranges refer to **HIGH RISK PATIENTS**.

As of 7/3/22 LDL will no longer be measured routinely. LDL results will be calculated, in accordance with National harmonisation.

Clinical Notes : Fasting Required.

Pathology Report

IMEDICAL,

For Surgery Use ☐ Urgent ☐ Ring Patient ☐ Make Appointment ☐ Note in Chart ☐ File ☐

Patient [REDACTED], [REDACTED] IMEDICAL,1 UNION ST PYRMONT NSW 2009

Sex M Age 31 years DOB [REDACTED]

Report For IMEDICAL,

Ref. by/copy to IMEDICAL,

Requested 27/01/2025
Collected 28/01/2025 12:00 AM
Reported 30/01/2025 03:37 PM

FULL BLOOD EXAMINATION

Haemoglobin	168	g/L	(135-180)
Red Cell Count	5.8	x10 ¹² /L	(4.2-6.0)
Haematocrit	0.51		(0.38-0.52)
Mean Cell Volume	89	fL	(80-98)
Mean Cell Haemoglobin	29	pg	(27-35)
Platelet Count	352	x10 ⁹ /L	(150-450)
White Cell Count	8.9	x10 ⁹ /L	(4.0-11.0)
Neutrophils	76 %	6.8 x10 ⁹ /L	(2.0-7.5)
Lymphocytes	15 %	1.3 x10 ⁹ /L	(1.1-4.0)
Monocytes	8 %	0.7 x10 ⁹ /L	(0.2-1.0)
Eosinophils	1 %	0.09 x10 ⁹ /L	(0.04-0.40)
Basophils	0 %	0.00 x10 ⁹ /L	(< 0.21)

Automated Comment:

As per ISLH guidelines - Film not reviewed. If a film review is truly indicated, contact the laboratory within 24 hours of collection. Otherwise investigate any highlighted abnormalities as clinically appropriate.

All haematology parameters are within normal limits for age and sex.

**** FINAL REPORT - Please destroy previous report ****

Clinical Notes : Fasting Required.

Pathology Report

Patient Subpoena Export

Name: Mr [REDACTED]

D.O.B.:

Record No.:

Phone:

Printed on 30th January 2025

Subpoena generated using the following date range: 29/07/1993 to 30/01/2025

Investigations:

CUMULATIVE FULL BLOOD EXAMINATION					
Date	11/09/24	28/01/25			
Time	11:41	14:33			
Lab No	96310053	76187568			
Hb	176	166	g/L		(135-180)
RCC	5.9	5.6	x10 ¹² /L		(4.2-6.0)
Hct	0.51	0.50			(0.38-0.52)
MCV	86	89	fL		(80-98)
MCH	30	30	pg		(27-35)
Plats	312	351	x10 ⁹ /L		(150-450)
WCC	7.5	9.0	x10 ⁹ /L		(4.0-11.0)
Neuts	4.3	6.9	x10 ⁹ /L		(2.0-7.5)
Lymphs	2.1	1.3	x10 ⁹ /L		(1.1-4.0)
Monos	1.0	0.7	x10 ⁹ /L		(0.2-1.0)
Eos	0.15	0.09	x10 ⁹ /L		(0.04-0.40)
Basos	0.00	0.00	x10 ⁹ /L		(< 0.21)

76187568 Automated Comment:

As per ISLH guidelines - Film not reviewed. If a film review is truly indicated, contact the laboratory within 24 hours of collection. Otherwise investigate any highlighted abnormalities as clinically appropriate.

All haematology parameters are within normal limits for age and sex.

**** FINAL REPORT - Please destroy previous report ****

Tests Completed:FBC

Tests Pending :IRON STUDIES, SE E/LFT, SE HDL

CUMULATIVE SERUM BIOCHEMISTRY					
Date	28/01/25				
Time	14:33				
Lab No	76187568				
	RANDOM		RANDOM		
Sodium	135	mmol/L			(137-147)
Potass.	4.3	mmol/L			(3.5-5.0)
Chloride	98	mmol/L			(96-109)
Bicarb	24	mmol/L			(25-33)
An.Gap	17	mmol/L			(4-17)
Gluc	4.5	mmol/L			(3.0-7.7)
Urea	3.8	mmol/L			(2.5-8.0)
Creat	111	umol/L			(60-130)
eGFR	76	mL/min			(over 59)
Urate	0.26	mmol/L			(0.12-0.45)
T.Bili	10	umol/L			(2-20)
Alk.P	65	U/L			(30-115)
GGT	21	U/L			(0-70)
ALT	24	U/L			(0-45)

AST	31	U/L (0-41)
LD	234	U/L (80-250)
Calcium	2.53	mmol/L (2.15-2.60)
Corr.Ca	2.28	mmol/L (2.15-2.60)
Phos	1.1	mmol/L (0.8-1.5)
T.Prot	81	g/L (60-82)
Alb	52	g/L (35-50)
Glob	29	g/L (20-40)
Chol	4.2	mmol/L (3.6-6.7)
Trig	1.0	mmol/L (0.3-4.0)
Lab No	76187568	
Date	28/01/25	

Tests Completed:IRON STUDIES, FBC, SE E/LFT
 Tests Pending :SE HDL

CUMULATIVE IRON STUDIES

Date	28/01/25
Time	14:33
Lab No	76187568

Iron	7	umol/L	(10-33)
TIBC	79	umol/L	(45-70)
Saturation	9	%	(16-50)
Ferritin	14	ug/L	(30-320)

76187568 [Comment:](#)
 Low serum ferritin level indicative of mild-moderate iron deficiency.

Tests Completed:IRON STUDIES, FBC, SE E/LFT
 Tests Pending :SE HDL

DIABETES CUMULATIVE REPORT

Date	28/01/25
Time	14:33
Lab No	76187568

RANDOM

Gluc	4.5	mmol/L (3.0-7.7)
HbA1c Fraction		%
eGFR	76	mL/min (over 59)
Total Chol	4.2	mmol/L
Triglycerides	1.0	mmol/L
HDL	1.37	mmol/L (above 1.0)
LDL (calculated)	2.38	mmol/L (below 2.5)
LDL (direct)		mmol/L (below 2.5)
Total/HDL ratio	3.1	
Alb/Creat ratio		g/mol
1,5-AG		mg/L (10.7-32.0)

Current General Practice Management of Type 2 Diabetes recommends that HbA1c should be measured on an as needed basis according to diabetes control and other risk factors such as race. HbA1c need not be measured more than 4 times a year.
 Clinical Care Guidelines for Type 1 Diabetes recommends HbA1c levels being performed every 3 to 4 months.
 The current Medicare Schedule will pay for 4 HbA1c tests annually in established diabetes.

Tests Completed:IRON STUDIES, FBC, SE E/LFT, SE HDL
 Tests Pending :

IMEDICAL,

For Surgery Use ☐ Urgent ☐ Ring Patient ☐ Make Appointment ☐ Note in Chart ☐ File ☐

Patient [REDACTED], [REDACTED]

Sex M Age 31 years DOB [REDACTED]

Report For IMEDICAL,

Ref. by/copy to IMEDICAL,

Requested 14/11/2024
Collected 17/12/2024 11:47 AM
Reported 19/12/2024 01:00 PM

Prolactin	104	mIU/L	(< 300)
- Luteinizing Hormone	< 1	IU/L	(1-10)
Follicle Stimulating Hormone	3	IU/L	(1-10)
Oestradiol	< 30	pmol/L	(< 150)
Progesterone	1	nmol/L	(< 3)
Testosterone	13	nmol/L	(10.0-33.0)
free Testosterone (calc)	307	pmol/L	(150-700)
Sex Hormone Binding Globulin	21	nmol/L	(13-71)

These low Gonadotrophin and Oestradiol levels may reflect suppression of the Pituitary-Ovarian axis by recent or current use of the oral contraceptive pill.

Alternatively, the nadir in oestrogen levels during the early Follicular phase of the cycle may also achieve this level. Other possibilities include Hypopituitarism (rare), or a temporary pause in cyclic activity due to other factors, eg. low weight, stress, etc.

Clinical Notes : Fasting required

Pathology Report

IMEDICAL,

For Surgery Use ☐ Urgent ☐ Ring Patient ☐ Make Appointment ☐ Note in Chart ☐ File ☐

Patient	██████████, ██████████				
Sex	M	Age	31 years	DOB	
Report For	IMEDICAL,				
Ref. by/copy to	IMEDICAL,				
		requested	14/11/2024		
		Collected	17/12/2024	11:47 AM	
		Reported	19/12/2024	01:00 PM	

ADRENAL STUDIES

Serum Cortisol 250 nmol/L (140 - 500)
Collection time: 11:47 am

Clinical Notes : Fasting required

Pathology Report

IMEDICAL,

For Surgery Use ☐ Urgent ☐ Ring Patient ☐ Make Appointment ☐ Note in Chart ☐ File ☐

Patient [REDACTED], [REDACTED]

Sex M Age 31 years DOB [REDACTED]

Report For IMEDICAL,

Ref. by/copy to IMEDICAL,

Requested 14/11/2024
Collected 17/12/2024 11:47 AM
Reported 19/12/2024 01:00 PM

Insulin 7 mU/L fasting (< 25)

Glucose 4.7 mmol/L fasting (3.0-6.0)

Clinical Notes : Fasting required

Pathology Report

IMEDICAL,

For Surgery Use ☐ Urgent ☐ Ring Patient ☐ Make Appointment ☐ Note in Chart ☐ File ☐

Patient [REDACTED], [REDACTED]

Sex M Age 31 years DOB [REDACTED]

Report For IMEDICAL,

Ref. by/copy to IMEDICAL,

Requested	14/11/2024
Collected	17/12/2024 11:47 AM
Reported	19/12/2024 01:00 PM

IGF-1 (Somatomedin C) 23 nmol/L (14-42)

Clinical Notes : Fasting required

Pathology Report

IMEDICAL,

For Surgery Use ☐ Urgent ☐ Ring Patient ☐ Make Appointment ☐ Note in Chart ☐ File ☐

Patient [REDACTED], [REDACTED]

Sex M Age 31 years DOB [REDACTED]

Report For IMEDICAL,

Ref. by/copy to IMEDICAL,

Requested 14/11/2024
Collected 17/12/2024 11:47 AM
Reported 19/12/2024 01:00 PM

- DHEA - Sulphate 2.1 umol/L (2.7-17.6)
(DeHydroEpiAndrosterone)
(previous units) 790 ng/mL (1000-6500)

Clinical Notes : Fasting required

Pathology Report

IMEDICAL,

For Surgery Use ☐ Urgent ☐ Ring Patient ☐ Make Appointment ☐ Note in Chart ☐ File ☐

Patient [REDACTED], [REDACTED]

Sex M Age 31 years DOB [REDACTED]

Report For IMEDICAL,

Ref. by/copy to IMEDICAL,

Requested	14/11/2024
Collected	17/12/2024 11:47 AM
Reported	19/12/2024 01:00 PM

CUMULATIVE SERUM HIGH SENSITIVITY C-REACTIVE PROTEIN (CRP)

Date	17/12/24
Time	11:47
Lab No	74977451

CRP 0.7 mg/L (0.0-6.0)

C-reactive protein (CRP) is a non-specific indicator of tissue damage. Common causes of markedly increased CRP include infection, trauma, myocardial infarction, malignancy and inflammation.

In apparently healthy men and women who have an intermediate risk of cardiovascular disease, as assessed by major risk factors, CRP can identify a higher risk subgroup with CRP > 3 mg/L.

Range(mg/L)	Risk Estimate
Up to 1.0	Low
1.0 to 3.0	Average
3.1 to 10.0	High
Over 10.0	Assess for acute inflammation

In known, stable, coronary disease a CRP > 1 mg/L has shown increased risk.

Reference: Circulation 2003;107:499-511 & 2007;115:1528-1536

Clinical Notes : Fasting required

Pathology Report

IMEDICAL,

For Surgery Use ☐ Urgent ☐ Ring Patient ☐ Make Appointment ☐ Note in Chart ☐ File ☐

Patient [REDACTED]
Sex M Age 31 years DOB [REDACTED]
Report For IMEDICAL,
Ref. by/copy to IMEDICAL,
requested 14/11/2024
Collected 17/12/2024 11:47 AM
Reported 19/12/2024 01:00 PM

SERUM CHEMISTRY - FASTING

Sodium	138	mmol/L	(137-147)
Potassium	4.7	mmol/L	(3.5-5.0)
Chloride	103	mmol/L	(96-109)
Bicarbonate	27	mmol/L	(25-33)
Other Anions	13	mmol/L	(4-17)
Glucose	4.7	mmol/L	fasting (3.0-6.0)
Urea	7.5	mmol/L	(2.5-8.0)
Creatinine	109	umol/L	(60-130)
eGFR	78	mL/min	(over 59)
Uric Acid	0.31	mmol/L	(0.12-0.45)
Total Bilirubin	10	umol/L	(2-20)
Alk. Phos.	63	U/L	(30-115)
Gamma G.T.	25	U/L	(0-70)
ALT	25	U/L	(0-45)
AST	32	U/L	(0-41)
LD	237	U/L	(80-250)
Calcium	2.40	mmol/L	(2.15-2.60)
Adjusted for Albumin	2.18	mmol/L	(2.15-2.60)
Phosphate	1.1	mmol/L	(0.8-1.5)
Total Protein	78	g/L	(60-82)
+ Albumin	51	g/L	(35-50)
Globulins	27	g/L	(20-40)
Cholesterol	4.8	mmol/L	(3.6-6.7)
Triglycerides	1.0	mmol/L	fasting (0.3-2.2)

Clinical Notes : Fasting required

Pathology Report

TML RTE002-AV3

IMEDICAL,

For Surgery Use ☐ Urgent ☐ Ring Patient ☐ Make Appointment ☐ Note in Chart ☐ File ☐

Patient [REDACTED], [REDACTED]

Sex M Age 31 years DOB [REDACTED]

Report For IMEDICAL,

Ref. by/copy to IMEDICAL,

Requested 14/11/2024
Collected 17/12/2024 11:47 AM
Reported 19/12/2024 01:00 PM

CUMULATIVE LIPID RISK REPORT

Date

17/12/24

Time

11:47

Lab No

74977451

FASTING

Target if
HIGH RISK

Total Cholesterol

4.8 mmol/L (below 4.0)

Triglycerides

1.0 mmol/L (below 2.0)

CHOLESTEROL FRACTIONS

HDL

1.92 mmol/L (above 1.0)

LDL (calculated)*

2.43 mmol/L (below 2.5)

Non-HDL cholesterol*

2.88 mmol/L (below 3.3)

Total/HDL ratio**

2.5

* Secondary prevention LDL and non-HDL cholesterol targets are lower.

** The ratio is for use with the cardiovascular risk calculator.

Web-search: "Australian cardiovascular risk calculator"

74977451 Treatment is recommended if clinically indicated or if calculated risk exceeds 15% absolute risk of CVD events over 5 years.

NVDPA 2012 **Target** ranges refer to **HIGH RISK PATIENTS**.

As of 7/3/22 LDL will no longer be measured routinely. LDL results will be calculated, in accordance with National harmonisation.

Clinical Notes : Fasting required

Pathology Report

IMEDICAL,

For Surgery Use ☐ Urgent ☐ Ring Patient ☐ Make Appointment ☐ Note in Chart ☐ File ☐

Patient [REDACTED], [REDACTED]

Sex M Age 31 years DOB [REDACTED]

Report For IMEDICAL,

Ref. by/copy to IMEDICAL,

Requested	14/11/2024
Collected	17/12/2024 11:47 AM
Reported	19/12/2024 01:00 PM

Serum Magnesium 0.8 mmol/L (0.7-1.1)

Clinical Notes : Fasting required

Pathology Report

IMEDICAL,

For Surgery Use ☐ Urgent ☐ Ring Patient ☐ Make Appointment ☐ Note in Chart ☐ File ☐

Patient [REDACTED], [REDACTED]

Sex M Age 31 years DOB [REDACTED]

Report For IMEDICAL,

Ref. by/copy to IMEDICAL,

Requested 14/11/2024
Collected 17/12/2024 11:47 AM
Reported 19/12/2024 01:00 PM

FULL BLOOD EXAMINATION

Haemoglobin	162	g/L	(135-180)
Red Cell Count	5.4	$\times 10^{12}$ /L	(4.2-6.0)
Haematocrit	0.49		(0.38-0.52)
Mean Cell Volume	90	fL	(80-98)
Mean Cell Haemoglobin	30	pg	(27-35)
Platelet Count	343	$\times 10^9$ /L	(150-450)
White Cell Count	8.8	$\times 10^9$ /L	(4.0-11.0)
Neutrophils	79 %	7.0 $\times 10^9$ /L	(2.0-7.5)
Lymphocytes	14 %	1.2 $\times 10^9$ /L	(1.1-4.0)
Monocytes	7 %	0.6 $\times 10^9$ /L	(0.2-1.0)
Eosinophils	0 %	0.00 $\times 10^9$ /L	(0.04-0.40)
Basophils	0 %	0.00 $\times 10^9$ /L	(< 0.21)

Automated Comment:

As per ISLH guidelines - Film not reviewed. If a film review is truly indicated, contact the laboratory within 24 hours of collection. Otherwise investigate any highlighted abnormalities as clinically appropriate.

All haematology parameters are within normal limits for age and sex.

**** FINAL REPORT - Please destroy previous report ****

Clinical Notes : Fasting required

Pathology Report

IMEDICAL,

For Surgery Use ☐ Urgent ☐ Ring Patient ☐ Make Appointment ☐ Note in Chart ☐ File ☐

Patient [REDACTED], [REDACTED] IMEDICAL,1 UNION ST PYRMONT NSW 2009
Sex M Age 31 years DOB [REDACTED]
Report For IMEDICAL,
Ref. by/copy to IMEDICAL,
Requested 10/09/2024
Collected 11/09/2024 11:36 AM
Reported 13/09/2024 06:42 AM

SERUM CHEMISTRY - FASTING

-	Sodium	136	mmol/L	(137-147)
	Potassium	4.6	mmol/L	(3.5-5.0)
	Chloride	105	mmol/L	(96-109)
---	Bicarbonate	18	mmol/L	(25-33)
+	Other Anions	18	mmol/L	(4-17)
	Glucose	4.6	mmol/L	fasting (3.0-6.0)
	Urea	4.9	mmol/L	(2.5-8.0)
	Creatinine	98	umol/L	(60-130)
	eGFR	88	mL/min	(over 59)
	Uric Acid	0.34	mmol/L	(0.12-0.45)
	Total Bilirubin	9	umol/L	(2-20)
	Alk. Phos.	64	U/L	(30-115)
	Gamma G.T.	38	U/L	(0-70)
+	ALT	73	U/L	(0-45)
+	AST	69	U/L	(0-41)
++	LD	497	U/L	(80-250)
	Calcium	2.30	mmol/L	(2.15-2.60)
-	Adjusted for Albumin	2.07	mmol/L	(2.15-2.60)
-	Phosphate	0.7	mmol/L	(0.8-1.5)
	Total Protein	76	g/L	(60-82)
+	Albumin	52	g/L	(35-50)
	Globulins	24	g/L	(20-40)
	Cholesterol	4.5	mmol/L	(3.6-6.7)
	Triglycerides	1.6	mmol/L	fasting (0.3-2.2)

Potassium, LD and AST results probably include significant positive errors due to marked in vitro haemolysis.

Clinical Notes : Fasting required.

Pathology Report

IMEDICAL,

For Surgery Use ☐ Urgent ☐ Ring Patient ☐ Make Appointment ☐ Note in Chart ☐ File ☐

Patient [REDACTED], [REDACTED] IMEDICAL,1 UNION ST PYRMONT NSW 2009

Sex M Age 31 years DOB [REDACTED]

Report For IMEDICAL,

Ref. by/copy to IMEDICAL,

Requested	10/09/2024	
Collected	11/09/2024	11:36 AM
Reported	13/09/2024	06:42 AM

Prolactin	< 28	mIU/L	(< 300)
Luteinizing Hormone	3	IU/L	(1-10)
Follicle Stimulating Hormone	4	IU/L	(1-10)
Oestradiol	128	pmol/L	(< 150)
Progesterone	1	nmol/L	(< 3)
+ Testosterone	36	nmol/L	(10.0-33.0)
free Testosterone (calc)	624	pmol/L	(150-700)
Sex Hormone Binding Globulin	48	nmol/L	(13-71)

Clinical Notes : Fasting required.

Pathology Report

IMEDICAL,

For Surgery Use ☐ Urgent ☐ Ring Patient ☐ Make Appointment ☐ Note in Chart ☐ File ☐

Patient	██████████, ██████████	IMEDICAL,1 UNION ST PYRMONT NSW 2009	Requested	10/09/2024	
Sex	M	Age 31 years	DOB	██████████	
Report For	IMEDICAL,		Collected	11/09/2024	11:36 AM
Ref. by/copy to	IMEDICAL,		Reported	13/09/2024	06:42 AM

Serum Magnesium 0.8 mmol/L (0.7-1.1)

Clinical Notes : Fasting required.

Pathology Report

IMEDICAL,

For Surgery Use ☐ Urgent ☐ Ring Patient ☐ Make Appointment ☐ Note in Chart ☐ File ☐

Patient **IMEDICAL,1 UNION ST PYRMONT NSW 2009**
 Sex M Age 31 years DOB
 Report For IMEDICAL,
 Ref. by/copy to IMEDICAL,

Requested 10/09/2024
Collected 11/09/2024 11:36 AM
Reported 13/09/2024 06:42 AM

CUMULATIVE SERUM HIGH SENSITIVITY C-REACTIVE PROTEIN (CRP)

Date 11/09/24
 Time 11:36
 Lab No 74971144

CRP 2.4 mg/L (0.0-6.0)

C-reactive protein (CRP) is a non-specific indicator of tissue damage. Common causes of markedly increased CRP include infection, trauma, myocardial infarction, malignancy and inflammation.

In apparently healthy men and women who have an intermediate risk of cardiovascular disease, as assessed by major risk factors, CRP can identify a higher risk subgroup with CRP > 3 mg/L.

Range(mg/L)	Risk Estimate
Up to 1.0	Low
1.0 to 3.0	Average
3.1 to 10.0	High
Over 10.0	Assess for acute inflammation

In known, stable, coronary disease a CRP > 1 mg/L has shown increased risk.
 Reference: Circulation 2003;107:499-511 & 2007;115:1528-1536

Clinical Notes : Fasting required.

Pathology Report

IMEDICAL,

For Surgery Use ☐ Urgent ☐ Ring Patient ☐ Make Appointment ☐ Note in Chart ☐ File ☐

Patient **IMEDICAL,1 UNION ST PYRMONT NSW 2009**
 Sex M Age 31 years DOB
 Report For IMEDICAL,
 Ref. by/copy to IMEDICAL,
 Requested 10/09/2024
 Collected 11/09/2024 11:36 AM
 Reported 13/09/2024 06:42 AM

CUMULATIVE LIPID RISK REPORT

Date	11/09/24	
Time	11:36	
Lab No	74971144	
	FASTING	
		Target if
		HIGH RISK
Total Cholesterol	4.5 mmol/L	(below 4.0)
Triglycerides	1.6 mmol/L	(below 2.0)
CHOLESTEROL FRACTIONS		
HDL	1.63 mmol/L	(above 1.0)
LDL (calculated)*	2.14 mmol/L	(below 2.5)
Non-HDL cholesterol*	2.87 mmol/L	(below 3.3)
Total/HDL ratio**	2.8	

* Secondary prevention LDL and non-HDL cholesterol targets are lower.
 ** The ratio is for use with the cardiovascular risk calculator.
 Web-search: "Australian cardiovascular risk calculator"

74971144 Treatment is recommended if clinically indicated or if calculated risk exceeds 15% absolute risk of CVD events over 5 years.

NVDPA 2012 Target ranges refer to HIGH RISK PATIENTS.

As of 7/3/22 LDL will no longer be measured routinely. LDL results will be calculated, in accordance with National harmonisation.

Clinical Notes : Fasting required.

Pathology Report

IMEDICAL,

For Surgery Use ☐ Urgent ☐ Ring Patient ☐ Make Appointment ☐ Note in Chart ☐ File ☐

Patient [REDACTED], [REDACTED] IMEDICAL,1 UNION ST PYRMONT NSW 2009
Sex M Age 31 years DOB [REDACTED]
Report For IMEDICAL,
Ref. by/copy to IMEDICAL,
Requested 10/09/2024
Collected 11/09/2024 11:36 AM
Reported 13/09/2024 06:42 AM

ADRENAL STUDIES

Serum Cortisol 150 nmol/L (140 - 500)
Collection time: 11:36 am

Clinical Notes : Fasting required.

Pathology Report

IMEDICAL,

For Surgery Use ☐ Urgent ☐ Ring Patient ☐ Make Appointment ☐ Note in Chart ☐ File ☐

Patient	██████████, ██████████	IMEDICAL,1 UNION ST PYRMONT NSW 2009	Requested	10/09/2024	
Sex	M	Age 31 years	DOB	11/09/2024	11:36 AM
Report For	IMEDICAL,		Collected	13/09/2024	06:42 AM
Ref. by/copy to	IMEDICAL,		Reported		

- DHEA - Sulphate	1.9	umol/L	(2.7-17.6)
(DeHydroEpiAndrosterone)			
(previous units)	710	ng/mL	(1000-6500)

Clinical Notes : Fasting required.

Pathology Report

IMEDICAL,

For Surgery Use ☐ Urgent ☐ Ring Patient ☐ Make Appointment ☐ Note in Chart ☐ File ☐

Patient	██████████, ██████████	IMEDICAL,1 UNION ST PYRMONT NSW 2009	Requested	10/09/2024	
Sex	M	Age 31 years	Collected	11/09/2024	11:36 AM
Report For	IMEDICAL,	DOB ██████████	Reported	13/09/2024	06:42 AM
Ref. by/copy to	IMEDICAL,				

FULL BLOOD EXAMINATION

Haemoglobin		174	g/L	(135-180)
Red Cell Count		5.8	x10 ¹² /L	(4.2-6.0)
Haematocrit		0.51		(0.38-0.52)
Mean Cell Volume		87	fL	(80-98)
Mean Cell Haemoglobin		30	pg	(27-35)
Platelet Count		324	x10 ⁹ /L	(150-450)
White Cell Count		7.0	x10 ⁹ /L	(4.0-11.0)
Neutrophils	57 %	4.0	x10 ⁹ /L	(2.0-7.5)
Lymphocytes	29 %	2.0	x10 ⁹ /L	(1.1-4.0)
Monocytes	13 %	0.9	x10 ⁹ /L	(0.2-1.0)
Eosinophils	1 %	0.07	x10 ⁹ /L	(0.04-0.40)
Basophils	0 %	0.00	x10 ⁹ /L	(< 0.21)

Automated Comment:
 As per ISLH guidelines - Film not reviewed. If a film review is truly indicated, contact the laboratory within 24 hours of collection. Otherwise investigate any highlighted abnormalities as clinically appropriate.

All haematology parameters are within normal limits for age and sex.

**** FINAL REPORT - Please destroy previous report ****

Clinical Notes : Fasting required.

Pathology Report

IMEDICAL,

For Surgery Use ☐ Urgent ☐ Ring Patient ☐ Make Appointment ☐ Note in Chart ☐ File ☐

Patient [REDACTED], [REDACTED] IMEDICAL,1 UNION ST PYRMONT NSW 2009
Sex M Age 31 years DOB [REDACTED]
Report For IMEDICAL,
Ref. by/copy to IMEDICAL,
Requested 10/09/2024
Collected 11/09/2024 11:36 AM
Reported 13/09/2024 06:42 AM

SERUM CHEMISTRY - FASTING

-	Sodium	136	mmol/L	(137-147)
	Potassium	4.6	mmol/L	(3.5-5.0)
	Chloride	105	mmol/L	(96-109)
---	Bicarbonate	18	mmol/L	(25-33)
+	Other Anions	18	mmol/L	(4-17)
	Glucose	4.6	mmol/L	fasting (3.0-6.0)
	Urea	4.9	mmol/L	(2.5-8.0)
	Creatinine	98	umol/L	(60-130)
	eGFR	88	mL/min	(over 59)
	Uric Acid	0.34	mmol/L	(0.12-0.45)
	Total Bilirubin	9	umol/L	(2-20)
	Alk. Phos.	64	U/L	(30-115)
	Gamma G.T.	38	U/L	(0-70)
+	ALT	73	U/L	(0-45)
+	AST	69	U/L	(0-41)
++	LD	497	U/L	(80-250)
	Calcium	2.30	mmol/L	(2.15-2.60)
-	Adjusted for Albumin	2.07	mmol/L	(2.15-2.60)
-	Phosphate	0.7	mmol/L	(0.8-1.5)
	Total Protein	76	g/L	(60-82)
+	Albumin	52	g/L	(35-50)
	Globulins	24	g/L	(20-40)
	Cholesterol	4.5	mmol/L	(3.6-6.7)
	Triglycerides	1.6	mmol/L	fasting (0.3-2.2)

Potassium, LD and AST results probably include significant positive errors due to marked in vitro haemolysis.

Clinical Notes : Fasting required.

Pathology Report

TML RTE002-AV3

IMEDICAL,

For Surgery Use ☐ Urgent ☐ Ring Patient ☐ Make Appointment ☐ Note in Chart ☐ File ☐

Patient [REDACTED], [REDACTED] IMEDICAL,1 UNION ST PYRMONT NSW 2009
Sex M Age 31 years DOB [REDACTED]
Report For IMEDICAL,
Ref. by/copy to IMEDICAL,
Requested 10/09/2024
Collected 11/09/2024 11:36 AM
Reported 13/09/2024 06:42 AM

Prolactin	< 28	mIU/L	(< 300)
Luteinizing Hormone	3	IU/L	(1-10)
Follicle Stimulating Hormone	4	IU/L	(1-10)
Oestradiol	128	pmol/L	(< 150)
Progesterone	1	nmol/L	(< 3)
+ Testosterone	36	nmol/L	(10.0-33.0)
free Testosterone (calc)	624	pmol/L	(150-700)
Sex Hormone Binding Globulin	48	nmol/L	(13-71)

Clinical Notes : Fasting required.

Pathology Report

IMEDICAL,

For Surgery Use ☐ Urgent ☐ Ring Patient ☐ Make Appointment ☐ Note in Chart ☐ File ☐

Patient	██████████, ██████████	IMEDICAL,1 UNION ST PYRMONT NSW 2009	Requested	10/09/2024	
Sex	M	Age 31 years	DOB	██████████	
Report For	IMEDICAL,		Collected	11/09/2024	11:36 AM
Ref. by/copy to	IMEDICAL,		Reported	13/09/2024	06:42 AM

Serum Magnesium 0.8 mmol/L (0.7-1.1)

Clinical Notes : Fasting required.

Pathology Report

IMEDICAL,

For Surgery Use ☐ Urgent ☐ Ring Patient ☐ Make Appointment ☐ Note in Chart ☐ File ☐

Patient **IMEDICAL,1 UNION ST PYRMONT NSW 2009**
 Sex M Age 31 years DOB
 Report For IMEDICAL,
 Ref. by/copy to IMEDICAL,
 Requested 10/09/2024
 Collected 11/09/2024 11:36 AM
 Reported 13/09/2024 06:42 AM

CUMULATIVE SERUM HIGH SENSITIVITY C-REACTIVE PROTEIN (CRP)

Date 11/09/24
 Time 11:36
 Lab No 74971144

CRP 2.4 mg/L (0.0-6.0)

C-reactive protein (CRP) is a non-specific indicator of tissue damage. Common causes of markedly increased CRP include infection, trauma, myocardial infarction, malignancy and inflammation.
 In apparently healthy men and women who have an intermediate risk of cardiovascular disease, as assessed by major risk factors, CRP can identify a higher risk subgroup with CRP > 3 mg/L.

Range(mg/L)	Risk Estimate
Up to 1.0	Low
1.0 to 3.0	Average
3.1 to 10.0	High
Over 10.0	Assess for acute inflammation

In known, stable, coronary disease a CRP > 1 mg/L has shown increased risk.
 Reference: Circulation 2003;107:499-511 & 2007;115:1528-1536

Clinical Notes : Fasting required.

Pathology Report

IMEDICAL,

For Surgery Use ☐ Urgent ☐ Ring Patient ☐ Make Appointment ☐ Note in Chart ☐ File ☐

Patient [REDACTED], [REDACTED] IMEDICAL,1 UNION ST PYRMONT NSW 2009

Sex M Age 31 years DOB [REDACTED]

Report For IMEDICAL,

Ref. by/copy to IMEDICAL,

Requested 10/09/2024
Collected 11/09/2024 11:36 AM
Reported 13/09/2024 06:42 AM

Pathology Report

CUMULATIVE LIPID RISK REPORT

Date

11/09/24

Time

11:36

Lab No

74971144

FASTING

Target if
HIGH RISK

Total Cholesterol

4.5 mmol/L (below 4.0)

Triglycerides

1.6 mmol/L (below 2.0)

CHOLESTEROL FRACTIONS

HDL

1.63 mmol/L (above 1.0)

LDL (calculated)*

2.14 mmol/L (below 2.5)

Non-HDL cholesterol*

2.87 mmol/L (below 3.3)

Total/HDL ratio**

2.8

* Secondary prevention LDL and non-HDL cholesterol targets are lower.

** The ratio is for use with the cardiovascular risk calculator.

Web-search: "Australian cardiovascular risk calculator"

74971144 Treatment is recommended if clinically indicated or if calculated risk exceeds 15% absolute risk of CVD events over 5 years.

NVDPA 2012 **Target** ranges refer to **HIGH RISK PATIENTS**.

As of 7/3/22 LDL will no longer be measured routinely. LDL results will be calculated, in accordance with National harmonisation.

Clinical Notes : Fasting required.

IMEDICAL,

For Surgery Use ☐ Urgent ☐ Ring Patient ☐ Make Appointment ☐ Note in Chart ☐ File ☐

Patient [REDACTED], [REDACTED] IMEDICAL,1 UNION ST PYRMONT NSW 2009
Sex M Age 31 years DOB [REDACTED]
Report For IMEDICAL,
Ref. by/copy to IMEDICAL,
Requested 10/09/2024
Collected 11/09/2024 11:36 AM
Reported 13/09/2024 06:42 AM

ADRENAL STUDIES

Serum Cortisol 150 nmol/L (140 - 500)
Collection time: 11:36 am

Clinical Notes : Fasting required.

Pathology Report

IMEDICAL,

For Surgery Use ☐ Urgent ☐ Ring Patient ☐ Make Appointment ☐ Note in Chart ☐ File ☐

Patient [REDACTED], [REDACTED] IMEDICAL,1 UNION ST PYRMONT NSW 2009
Sex M Age 31 years DOB [REDACTED]
Report For IMEDICAL,
Ref. by/copy to IMEDICAL,
Requested 10/09/2024
Collected 11/09/2024 11:36 AM
Reported 13/09/2024 06:42 AM

- DHEA - Sulphate 1.9 umol/L (2.7-17.6)
(DeHydroEpiAndrosterone)
(previous units) 710 ng/mL (1000-6500)

Clinical Notes : Fasting required.

Pathology Report

IMEDICAL,

For Surgery Use ☐ Urgent ☐ Ring Patient ☐ Make Appointment ☐ Note in Chart ☐ File ☐

Patient **IMEDICAL,1 UNION ST PYRMONT NSW 2009**
 Sex M Age 31 years DOB
 Report For IMEDICAL,
 Ref. by/copy to IMEDICAL,
 Requested 10/09/2024
 Collected 11/09/2024 11:36 AM
 Reported 13/09/2024 06:42 AM

FULL BLOOD EXAMINATION

Haemoglobin	174	g/L	(135-180)
Red Cell Count	5.8	x10 ¹² /L	(4.2-6.0)
Haematocrit	0.51		(0.38-0.52)
Mean Cell Volume	87	fL	(80-98)
Mean Cell Haemoglobin	30	pg	(27-35)
Platelet Count	324	x10 ⁹ /L	(150-450)
White Cell Count	7.0	x10 ⁹ /L	(4.0-11.0)
Neutrophils	57 %	4.0 x10 ⁹ /L	(2.0-7.5)
Lymphocytes	29 %	2.0 x10 ⁹ /L	(1.1-4.0)
Monocytes	13 %	0.9 x10 ⁹ /L	(0.2-1.0)
Eosinophils	1 %	0.07 x10 ⁹ /L	(0.04-0.40)
Basophils	0 %	0.00 x10 ⁹ /L	(< 0.21)

Automated Comment:

As per ISLH guidelines - Film not reviewed. If a film review is truly indicated, contact the laboratory within 24 hours of collection. Otherwise investigate any highlighted abnormalities as clinically appropriate.

All haematology parameters are within normal limits for age and sex.

**** FINAL REPORT - Please destroy previous report ****

Clinical Notes : Fasting required.

Pathology Report

IMEDICAL,

For Surgery Use ☐ Urgent ☐ Ring Patient ☐ Make Appointment ☐ Note in Chart ☐ File ☐

Patient [REDACTED], [REDACTED] IMEDICAL,1 UNION ST PYRMONT NSW 2009
Sex M Age 31 years DOB [REDACTED]
Report For IMEDICAL,
Ref. by/copy to IMEDICAL,

Requested 26/10/2024
Collected 26/10/2024 11:52 AM
Reported 29/10/2024 03:38 PM

IGF-1 (Somatomedin C) 38 nmol/L (14-42)

Clinical Notes : nil

Pathology Report

IMEDICAL,

For Surgery Use ☐ Urgent ☐ Ring Patient ☐ Make Appointment ☐ Note in Chart ☐ File ☐

Patient [REDACTED], [REDACTED] IMEDICAL,1 UNION ST PYRMONT NSW 2009
Sex M Age 31 years DOB [REDACTED]
Report For IMEDICAL,
Ref. by/copy to IMEDICAL,
Requested 26/10/2024
Collected 26/10/2024 11:52 AM
Reported 29/10/2024 03:38 PM

SERUM CHEMISTRY - RANDOM

- Sodium	135	mmol/L	(137-147)
Potassium	4.4	mmol/L	(3.5-5.0)
Chloride	101	mmol/L	(96-109)
Bicarbonate	25	mmol/L	(25-33)
Other Anions	13	mmol/L	(4-17)
Glucose	5.0	mmol/L	random (3.0-7.7)
Urea	6.1	mmol/L	(2.5-8.0)
Creatinine	102	umol/L	(60-130)
eGFR	84	mL/min	(over 59)
Uric Acid	0.25	mmol/L	(0.12-0.45)
Total Bilirubin	8	umol/L	(2-20)
Alk. Phos.	65	U/L	(30-115)
Gamma G.T.	32	U/L	(0-70)
ALT	24	U/L	(0-45)
AST	30	U/L	(0-41)
LD	232	U/L	(80-250)
Calcium	2.45	mmol/L	(2.15-2.60)
Adjusted for Albumin	2.28	mmol/L	(2.15-2.60)
Phosphate	0.9	mmol/L	(0.8-1.5)
Total Protein	75	g/L	(60-82)
Albumin	49	g/L	(35-50)
Globulins	26	g/L	(20-40)
Cholesterol	4.4	mmol/L	(3.6-6.7)
Triglycerides	0.6	mmol/L	random (0.3-4.0)

Clinical Notes : nil

Pathology Report

TML RTE002-AV3

IMEDICAL,

For Surgery Use ☐ Urgent ☐ Ring Patient ☐ Make Appointment ☐ Note in Chart ☐ File ☐

Patient [REDACTED], [REDACTED] IMEDICAL,1 UNION ST PYRMONT NSW 2009

Sex M Age 31 years DOB [REDACTED]

Report For IMEDICAL,

Ref. by/copy to IMEDICAL,

Requested 26/10/2024
Collected 26/10/2024 11:52 AM
Reported 29/10/2024 03:38 PM

Prolactin	145	mIU/L	(< 300)
- Luteinizing Hormone	< 1	IU/L	(1-10)
- Follicle Stimulating Hormone	< 1	IU/L	(1-10)
Oestradiol	113	pmol/L	(< 150)
Progesterone	1	nmol/L	(< 3)
++ Testosterone	50	nmol/L	(10.0-33.0)
+++ free Testosterone (calc)	1438	pmol/L	(150-700)
Sex Hormone Binding Globulin	20	nmol/L	(13-71)

Clinical Notes : nil

Pathology Report

IMEDICAL,

For Surgery Use ☐ Urgent ☐ Ring Patient ☐ Make Appointment ☐ Note in Chart ☐ File ☐

Patient [REDACTED], [REDACTED] IMEDICAL,1 UNION ST PYRMONT NSW 2009
Sex M Age 31 years DOB [REDACTED]
Report For IMEDICAL,
Ref. by/copy to IMEDICAL,

Requested 26/10/2024
Collected 26/10/2024 11:52 AM
Reported 29/10/2024 03:38 PM

Insulin 8 mU/L random (< 100)
Glucose 5.0 mmol/L random (3.0-7.7)

Clinical Notes : nil

Pathology Report

IMEDICAL,

For Surgery Use ☐ Urgent ☐ Ring Patient ☐ Make Appointment ☐ Note in Chart ☐ File ☐

Patient [REDACTED], [REDACTED] IMEDICAL,1 UNION ST PYRMONT NSW 2009
Sex M Age 31 years DOB [REDACTED]
Report For IMEDICAL,
Ref. by/copy to IMEDICAL,
Requested 26/10/2024
Collected 26/10/2024 11:52 AM
Reported 29/10/2024 03:38 PM

ADRENAL STUDIES

Serum Cortisol 220 nmol/L (140 - 500)
Collection time: 11:52 am

Clinical Notes : nil

Pathology Report

IMEDICAL,

For Surgery Use ☐ Urgent ☐ Ring Patient ☐ Make Appointment ☐ Note in Chart ☐ File ☐

Patient	██████████, ██████████	IMEDICAL,1 UNION ST PYRMONT NSW 2009	Requested	26/10/2024	
Sex	M	Age 31 years	DOB	26/10/2024	11:52 AM
Report For	IMEDICAL,		Collected	26/10/2024	
Ref. by/copy to	IMEDICAL,		Reported	29/10/2024	03:38 PM

Serum Magnesium 0.8 mmol/L (0.7-1.1)

Clinical Notes : nil

Pathology Report

IMEDICAL,

For Surgery Use ☐ Urgent ☐ Ring Patient ☐ Make Appointment ☐ Note in Chart ☐ File ☐

Patient [REDACTED], [REDACTED] IMEDICAL,1 UNION ST PYRMONT NSW 2009

Sex M Age 31 years DOB [REDACTED]

Report For IMEDICAL,

Ref. by/copy to IMEDICAL,

Requested 26/10/2024
Collected 26/10/2024 11:52 AM
Reported 29/10/2024 03:38 PM

CUMULATIVE SERUM HIGH SENSITIVITY C-REACTIVE PROTEIN (CRP)

Date	11/09/24	14/10/24	26/10/24
Time	11:36	10:00	11:52
Lab No	74971144	76184595	96538458
CRP	2.4	0.6	9.9 mg/L (0.0-6.0)

C-reactive protein (CRP) is a non-specific indicator of tissue damage. Common causes of markedly increased CRP include infection, trauma, myocardial infarction, malignancy and inflammation.

In apparently healthy men and women who have an intermediate risk of cardiovascular disease, as assessed by major risk factors, CRP can identify a higher risk subgroup with CRP > 3 mg/L.

Range(mg/L)	Risk Estimate
Up to 1.0	Low
1.0 to 3.0	Average
3.1 to 10.0	High
Over 10.0	Assess for acute inflammation

In known, stable, coronary disease a CRP > 1 mg/L has shown increased risk.

Reference: Circulation 2003;107:499-511 & 2007;115:1528-1536

Clinical Notes : nil

Pathology Report

IMEDICAL,

For Surgery Use ☐ Urgent ☐ Ring Patient ☐ Make Appointment ☐ Note in Chart ☐ File ☐

Patient [REDACTED], [REDACTED] IMEDICAL,1 UNION ST PYRMONT NSW 2009

Sex M Age 31 years DOB [REDACTED]

Report For IMEDICAL,

Ref. by/copy to IMEDICAL,

Requested 26/10/2024
Collected 26/10/2024 11:52 AM
Reported 29/10/2024 03:38 PM

CUMULATIVE LIPID RISK REPORT

Date	11/09/24	14/10/24	26/10/24	
Time	11:36	10:00	11:52	
Lab No	74971144	76184595	96538458	
	FASTING	FASTING	RANDOM	
Total Cholesterol	4.5	5.1	4.4	mmol/L (below 4.0)
Triglycerides	1.6	1.4	0.6	mmol/L (below 2.0)
CHOLESTEROL FRACTIONS				
HDL	1.63	1.43	1.73	mmol/L (above 1.0)
LDL (calculated)*	2.14	3.03	2.40	mmol/L (below 2.5)
Non-HDL cholesterol*	2.87	3.67	2.67	mmol/L (below 3.3)
Total/HDL ratio**	2.8	3.6	2.5	

* Secondary prevention LDL and non-HDL cholesterol targets are lower.

** The ratio is for use with the cardiovascular risk calculator.

Web-search: "Australian cardiovascular risk calculator"

96538458 Treatment is recommended if clinically indicated or if calculated risk exceeds 15% absolute risk of CVD events over 5 years.

NVDPA 2012 **Target** ranges refer to **HIGH RISK PATIENTS**.

As of 7/3/22 LDL will no longer be measured routinely. LDL results will be calculated, in accordance with National harmonisation.

Clinical Notes : nil

Pathology Report

IMEDICAL,

For Surgery Use ☐ Urgent ☐ Ring Patient ☐ Make Appointment ☐ Note in Chart ☐ File ☐

Patient [REDACTED], [REDACTED] IMEDICAL,1 UNION ST PYRMONT NSW 2009
Sex M Age 31 years DOB [REDACTED]
Report For IMEDICAL,
Ref. by/copy to IMEDICAL,
Requested 26/10/2024
Collected 26/10/2024 11:52 AM
Reported 29/10/2024 03:38 PM

- DHEA - Sulphate 1.7 umol/L (2.7-17.6)
(DeHydroEpiAndrosterone)
(previous units) 620 ng/mL (1000-6500)

Clinical Notes : nil

Pathology Report

IMEDICAL,

For Surgery Use ☐ Urgent ☐ Ring Patient ☐ Make Appointment ☐ Note in Chart ☐ File ☐

Patient [REDACTED], [REDACTED] IMEDICAL,1 UNION ST PYRMONT NSW 2009

Sex M Age 31 years DOB [REDACTED]

Report For IMEDICAL,

Ref. by/copy to IMEDICAL,

Requested 26/10/2024
 Collected 26/10/2024 11:52 AM
 Reported 29/10/2024 03:38 PM

FULL BLOOD EXAMINATION

Haemoglobin	155	g/L	(135-180)
Red Cell Count	5.2	x10 ¹² /L	(4.2-6.0)
Haematocrit	0.48		(0.38-0.52)
Mean Cell Volume	93	fL	(80-98)
Mean Cell Haemoglobin	30	pg	(27-35)
Platelet Count	370	x10 ⁹ /L	(150-450)
White Cell Count	8.8	x10 ⁹ /L	(4.0-11.0)
Neutrophils	66 %	5.8 x10 ⁹ /L	(2.0-7.5)
Lymphocytes	22 %	1.9 x10 ⁹ /L	(1.1-4.0)
Monocytes	9 %	0.8 x10 ⁹ /L	(0.2-1.0)
Eosinophils	2 %	0.18 x10 ⁹ /L	(0.04-0.40)
Basophils	1 %	0.09 x10 ⁹ /L	(< 0.21)

Automated Comment:

As per ISLH guidelines - Film not reviewed. If a film review is truly indicated, contact the laboratory within 24 hours of collection. Otherwise investigate any highlighted abnormalities as clinically appropriate.

All haematology parameters are within normal limits for age and sex.

**** FINAL REPORT - Please destroy previous report ****

Clinical Notes : nil

Pathology Report



ROYAL HOBART HOSPITAL
REFERRED TESTING REPORT

THCI: 106065878
URNO:
Lab#: 24P194132

To:	██████, ██████ ██████
UNIT:	DOB: ██████ Sex: Male
External Ref #:	Address: ██████
	Location: Outpatient
	Referred by:
	Requested: FBC, 1,ETSH,B12F,IronS,CRProt, *VitC,EPTH,CK,Urate,

- RESULTS OF INVESTIGATIONS REFERRED TO HOSPITAL -

TESTS ORDERED:
- Vitamin C assay

Specimen Collection Date: 10/07/2024 Time: 13:55

Specimen Dispatch Date: 11/07/2024

LABORATORY PERFORMING TEST: Department of Biochemistry

R E P O R T

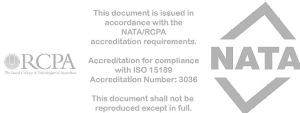
Vitamin C assay:

Vitamin C : 68 umol/L 40-100

Result Comments:
Vitamin C 10/07/24 13:55
Values below 40 umol/L indicate low vitamin C status whilst values below 11 umol/L indicate significant vitamin C deficiency provided that the specimen has been handled according to specific collection instructions for this test.

Date Report Returned: 26/07/2024
External Laboratory's Reference Number: 24-192-07909

NOTE: * Original Copy Of Laboratory Report Held In RHH Biochemistry *



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ROYAL HOBART HOSPITAL
CLINICAL CHEMISTRY REPORT

THCI: 106065878
URNO:
Lab#: 24P194132

To:

UNIT:
External Ref #:

DOB: Sex: Male
Address:
Location: Outpatient
Referred by:

Requested: FBC, 1,ETSH,B12F,IronS,CRProt, *VitC,EPTH,CK,Urate,

Page 1 of 1

GENERAL BIOCHEMISTRY

		Request No:	P277736	P072513	P152040	P169558	P194132
		Date:	02/10/23	08/03/24	29/05/24	16/06/24	10/07/24
		Time:	11:00	11:20	09:35	*UNK*	13:55
Units	Ref Range		-----	-----	-----	-----	-----
<u>SERUM</u>							
mmol/L	135-145	Na	139	141		142	139
mmol/L	3.5-5.2	K	4.0	4.1		4.3	4.6
mmol/L	95-110	Cl	99	100		99	101
mmol/L	22-32	HCO3	29	28		28	27
mmol/L	2.7-7.8	Urea	6.0	5.8		3.6	5.7
umol/L	60-110	Creat	82	105		96	95
mL/min/1.73 m2		eGFR	110	82L		91	92
mmol/L	4-13	An.Gap	11	13		15H	11
IU/L	40-250	CK					218
IU/L	10-60	Lipase					31
g/L	60-80	TP		79			80
g/L	35-52	Alb		46			47
g/L	25-35	Globulin		33			33
IU/L	30-110	ALP		51			55
IU/L	5-40	ALT		19			32
IU/L	5-35	AST		34			27
IU/L	5-50	GGT		20			24
umol/L	<25	Bilirubin		8			6
mmol/L	2.10-2.60	Ca		2.40			2.48
mmol/L	2.10-2.60	Ca (corr)		2.28			2.34
mmol/L	1.15-1.30	Ca @ 7.4			1.15		
mmol/L	0.75-1.50	Phos		0.88			0.87
mmol/L	0.70-1.10	Mg		0.90			0.97
umol/L	229-453	Urate					249
ug/L	30-300	Ferritin					27L
umol/L	11-28	Iron					6L
g/L	2.00-3.60	Transf'n					3.96H
%	15.0-55.0	TRF Sat'n					6.0L
mq/L	<5	CRP				22H	<1

10/07/24 24P194132

A serum ferritin concentration of less than 30 ug/L is consistent with iron deficiency.

NOTE: Entries labelled 'UNK' in the 'Time' row of this report indicate that the specimen collection time was not readily identifiable. Those results appear in order of time registered in laboratory.



ROYAL HOBART HOSPITAL
CLINICAL CHEMISTRY REPORT

THCI: 106065878
URNO:
Lab#: 24P194132

To:	██████████, ██████████ ██████████
UNIT:	DOB: ██████████ Sex: Male
External Ref #:	Address: ██████████
	Location: Outpatient
	Referred by:
	Requested: FBC, 1,ETSH,B12F,IronS,CRProt, *VitC,EPTH,CK,Urate,

VITAMIN B12 / FOLATE REPORT

Serum Vitamin B12 546 pmol/L (130-850)
Serum Folate 32.6 nmol/L (>5.0)

VITAMIN B12 / FOLATE

Request No:		P033080	P167745	P137412	P194132
Date:		14/02/20	29/06/20	17/05/23	10/07/24
Time:		13:10	14:40	09:55	13:55
Units	Ref Range				
pmol/L	130-850	Serum B12	135	107L	350 546
pmol/L	37-188	aB12	35L	33L	
nmol/L	>5.0	Se Folate		20.3 20.4	32.6

29/06/20 14:40
Vitamin B12 deficiency is highly likely.

Holotranscobalamin is measured using the Roche electrochemiluminescence immunoassay (ECLIA). Results can vary depending on the testing procedure and are not directly comparable with those obtained by other methods.

14/02/20 13:10
Vitamin B12 deficiency is highly likely.

Holotranscobalamin is measured using the Roche electrochemiluminescence immunoassay (ECLIA). Results can vary depending on the testing procedure and are not directly comparable with those obtained by other methods.

NOTE: Entries labelled 'UNK' in the 'Time' row of this report indicate that the specimen collection time was not readily identifiable. Those results appear in order of time registered in laboratory.

AUTHORISED BY

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ROYAL HOBART HOSPITAL
CLINICAL CHEMISTRY REPORT

THCI: 106065878
URNO:
Lab#: 24P194132

To:

UNIT:
External Ref #:

DOB: Sex: Male
Address:
Location: Outpatient
Referred by:

Requested: FBC, 1,ETSH,B12F,IronS,CRProt, *VitC,EPTH,CK,Urate,

Page 1 of 1

GENERAL BIOCHEMISTRY

		Request No:	P277736	P072513	P152040	P169558	P194132
		Date:	02/10/23	08/03/24	29/05/24	16/06/24	10/07/24
		Time:	11:00	11:20	09:35	*UNK*	13:55
Units	Ref Range		-----	-----	-----	-----	-----
<u>SERUM</u>							
mmol/L	135-145	Na	139	141		142	139
mmol/L	3.5-5.2	K	4.0	4.1		4.3	4.6
mmol/L	95-110	Cl	99	100		99	101
mmol/L	22-32	HCO3	29	28		28	27
mmol/L	2.7-7.8	Urea	6.0	5.8		3.6	5.7
umol/L	60-110	Creat	82	105		96	95
mL/min/1.73 m2		eGFR	110	82L		91	92
mmol/L	4-13	An.Gap	11	13		15H	11
IU/L	40-250	CK					218
IU/L	10-60	Lipase					31
g/L	60-80	TP		79			80
g/L	35-52	Alb		46			47
g/L	25-35	Globulin		33			33
IU/L	30-110	ALP		51			55
IU/L	5-40	ALT		19			32
IU/L	5-35	AST		34			27
IU/L	5-50	GGT		20			24
umol/L	<25	Bilirubin		8			6
mmol/L	2.10-2.60	Ca		2.40			2.48
mmol/L	2.10-2.60	Ca (corr)		2.28			2.34
mmol/L	1.15-1.30	Ca @ 7.4			1.15		
mmol/L	0.75-1.50	Phos		0.88			0.87
mmol/L	0.70-1.10	Mg		0.90			0.97
umol/L	229-453	Urate					249
ug/L	30-300	Ferritin					27L
umol/L	11-28	Iron					6L
g/L	2.00-3.60	Transf'n					3.96H
%	15.0-55.0	TRF Sat'n					6.0L
mg/L	<5	CRP				22H	<1

10/07/24 24P194132

A serum ferritin concentration of less than 30 ug/L is consistent with iron deficiency.

NOTE: Entries labelled 'UNK' in the 'Time' row of this report indicate that the specimen collection time was not readily identifiable. Those results appear in order of time registered in laboratory.



ROYAL HOBART HOSPITAL
CLINICAL CHEMISTRY REPORT

THCI: 106065878
URNO:
Lab#: 24P194132

To:

UNIT:
External Ref #:

DOB: Sex: Male
Address:
Location: Outpatient
Referred by:

Requested: FBC, 1,ETSH,B12F,IronS,CRProt, *VitC,EPTH,CK,Urate,

Page 1 of 1

GENERAL BIOCHEMISTRY

		Request No:	P277736	P072513	P152040	P169558	P194132
		Date:	02/10/23	08/03/24	29/05/24	16/06/24	10/07/24
		Time:	11:00	11:20	09:35	*UNK*	13:55
Units	Ref Range		-----	-----	-----	-----	-----
<u>SERUM</u>							
mmol/L	135-145	Na	139	141		142	139
mmol/L	3.5-5.2	K	4.0	4.1		4.3	4.6
mmol/L	95-110	Cl	99	100		99	101
mmol/L	22-32	HCO3	29	28		28	27
mmol/L	2.7-7.8	Urea	6.0	5.8		3.6	5.7
umol/L	60-110	Creat	82	105		96	95
mL/min/1.73 m2		eGFR	110	82L		91	92
mmol/L	4-13	An.Gap	11	13		15H	11
IU/L	40-250	CK					218
IU/L	10-60	Lipase					31
g/L	60-80	TP		79			80
g/L	35-52	Alb		46			47
g/L	25-35	Globulin		33			33
IU/L	30-110	ALP		51			55
IU/L	5-40	ALT		19			32
IU/L	5-35	AST		34			27
IU/L	5-50	GGT		20			24
umol/L	<25	Bilirubin		8			6
mmol/L	2.10-2.60	Ca		2.40			2.48
mmol/L	2.10-2.60	Ca (corr)		2.28			2.34
mmol/L	1.15-1.30	Ca @ 7.4			1.15		
mmol/L	0.75-1.50	Phos		0.88			0.87
mmol/L	0.70-1.10	Mg		0.90			0.97
umol/L	229-453	Urate					249
ug/L	30-300	Ferritin					27L
umol/L	11-28	Iron					6L
g/L	2.00-3.60	Transf'n					3.96H
%	15.0-55.0	TRF Sat'n					6.0L
mq/L	<5	CRP				22H	<1

10/07/24 24P194132

A serum ferritin concentration of less than 30 ug/L is consistent with iron deficiency.

NOTE: Entries labelled 'UNK' in the 'Time' row of this report indicate that the specimen collection time was not readily identifiable. Those results appear in order of time registered in laboratory.



ROYAL HOBART HOSPITAL
ENDOCRINOLOGY REPORT

THCI: 106065878
URNO:
Lab#: 24P194132

To:

UNIT:
External Ref #:

DOB: Sex: Male
Address:
Location: Outpatient
Referred by:

Requested: FBC,1,ETSH,B12F,IronS,CRProt,*VitC,EPTH,CK,Urate,

Page 1 of 1

GENERAL ENDOCRINOLOGY

Request No: P137412 P277736 P072513 P152040 P194132
Date: 17/05/23 02/10/23 08/03/24 29/05/24 10/07/24
Time: 09:55 11:00 11:20 09:35 13:55

Test	Ref Range	Units					
Prolactin	53-360	mU/L	316				
BEST'diol	39-163	pmol/L		335H	218H	176H	
TSH	0.4-4.0	mU/L	2.9				0.8
I-PTH	0.32-8.2	pmol/L			3.85	2.71	
Calcium	2.10-2.55	mmol/L			*	2.48	
C-Calcium	2.10-2.55					2.34	
I-Calcium	1.14-1.29	mmol/L			1.15	*	
Testost	2.5-30	nmol/L	20.0	18.8	28.50	18.3	22.1
SHBG	10-57	nmol/L	53	48	36.0	6L	
FAI	25-53		37.7	39.2	79.2H	305.0H	
25-OHvitD	>50	nmol/L	83	165	167		80

NOTE: Entries labelled 'UNK' in the 'Time' row of this report indicate that the specimen collection time was not readily identifiable. Those results appear in order of time registered in laboratory.

SAMPLE TYPE: Unless otherwise indicated, all testing is undertaken on SERUM samples, with the following exceptions;
PLASMA: ACTH, Renin.

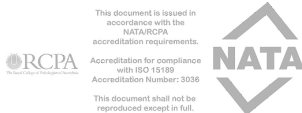
Classification of VitD (25OHD) levels in adults and children:

Adequate: >50 nmol/L
Mild deficiency: 30 - 49
Moderate deficiency: 12.5 - 29
Severe deficiency: <12.5

(Ref: VitD Health Pos Statement, MJA 196(11) 18 June 2012)

Macroprolactin:

Exclusion of Macroprolactin can be requested if clinical findings are inconsistent with high prolactin levels





ROYAL HOBART HOSPITAL
ENDOCRINOLOGY REPORT

THCI: 106065878
URNO:
Lab#: 24P194132

To:

UNIT:
External Ref #:

DOB: Sex: Male
Address:
Location: Outpatient
Referred by:

Requested: FBC,1,ETSH,B12F,IronS,CRProt,*VitC,EPTH,CK,Urate,

Page 1 of 1

GENERAL ENDOCRINOLOGY

Request No: P137412 P277736 P072513 P152040 P194132
Date: 17/05/23 02/10/23 08/03/24 29/05/24 10/07/24
Time: 09:55 11:00 11:20 09:35 13:55

Test	Ref Range	Units					
Prolactin	53-360	mU/L	316				
BEST'diol	39-163	pmol/L		335H	218H	176H	
TSH	0.4-4.0	mU/L	2.9				0.8
I-PTH	0.32-8.2	pmol/L			3.85	2.71	
Calcium	2.10-2.55	mmol/L			*	2.48	
C-Calcium	2.10-2.55					2.34	
I-Calcium	1.14-1.29	mmol/L			1.15	*	
Testost	2.5-30	nmol/L	20.0	18.8	28.50	18.3	22.1
SHBG	10-57	nmol/L	53	48	36.0	6L	
FAI	25-53		37.7	39.2	79.2H	305.0H	
25-OHvitD	>50	nmol/L	83	165	167		80

NOTE: Entries labelled 'UNK' in the 'Time' row of this report indicate that the specimen collection time was not readily identifiable. Those results appear in order of time registered in laboratory.

SAMPLE TYPE: Unless otherwise indicated, all testing is undertaken on SERUM samples, with the following exceptions;
PLASMA: ACTH, Renin.

Classification of VitD (25OHD) levels in adults and children:
Adequate: >50 nmol/L
Mild deficiency: 30 - 49
Moderate deficiency: 12.5 - 29
Severe deficiency: <12.5
(Ref: VitD Health Pos Statement, MJA 196(11) 18 June 2012)

Macroprolactin:
Exclusion of Macroprolactin can be requested if clinical findings are inconsistent with high prolactin levels



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ROYAL HOBART HOSPITAL
ENDOCRINOLOGY REPORT

THCI: 106065878
URNO:
Lab#: 24P194132

To:

UNIT:
External Ref #:

DOB: Sex: Male

Address:
Location: Outpatient
Referred by:

Requested: FBC,1,ETSH,B12F,IronS,CRProt,*VitC,EPTH,CK,Urate,

Page 1 of 1

GENERAL ENDOCRINOLOGY

Request No: P137412 P277736 P072513 P152040 P194132
Date: 17/05/23 02/10/23 08/03/24 29/05/24 10/07/24
Time: 09:55 11:00 11:20 09:35 13:55

Test	Ref Range	Units					
Prolactin	53-360	mU/L	316				
BEST'diol	39-163	pmol/L		335H	218H	176H	
TSH	0.4-4.0	mU/L	2.9				0.8
I-PTH	0.32-8.2	pmol/L			3.85	2.71	
Calcium	2.10-2.55	mmol/L			*	2.48	
C-Calcium	2.10-2.55					2.34	
I-Calcium	1.14-1.29	mmol/L			1.15	*	
Testost	2.5-30	nmol/L	20.0	18.8	28.50	18.3	22.1
SHBG	10-57	nmol/L	53	48	36.0	6L	
FAI	25-53		37.7	39.2	79.2H	305.0H	
25-OHvitD	>50	nmol/L	83	165	167		80

NOTE: Entries labelled 'UNK' in the 'Time' row of this report indicate that the specimen collection time was not readily identifiable. Those results appear in order of time registered in laboratory.

SAMPLE TYPE: Unless otherwise indicated, all testing is undertaken on SERUM samples, with the following exceptions;
PLASMA: ACTH, Renin.

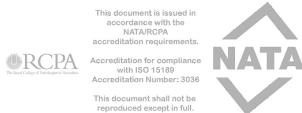
Classification of VitD (25OHD) levels in adults and children:

Adequate: >50 nmol/L
Mild deficiency: 30 - 49
Moderate deficiency: 12.5 - 29
Severe deficiency: <12.5

(Ref: VitD Health Pos Statement, MJA 196(11) 18 June 2012)

Macroprolactin:

Exclusion of Macroprolactin can be requested if clinical findings are inconsistent with high prolactin levels





ROYAL HOBART HOSPITAL
ENDOCRINOLOGY REPORT

THCI: 106065878
URNO:
Lab#: 24P194132

To:

UNIT:
External Ref #:

DOB: Sex: Male
Address:
Location: Outpatient
Referred by:
Requested: FBC,1,ETSH,B12F,IronS,CRProt,*VitC,EPTH,CK,Urate,

Page 1 of 1

GENERAL ENDOCRINOLOGY

Request No: P137412 P277736 P072513 P152040 P194132
Date: 17/05/23 02/10/23 08/03/24 29/05/24 10/07/24
Time: 09:55 11:00 11:20 09:35 13:55

Test	Ref Range	Units				
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BEST'diol	39-163	pmol/L		335H	218H	176H
TSH	0.4-4.0	mU/L	2.9			0.8
I-PTH	0.32-8.2	pmol/L			3.85	2.71
Calcium	2.10-2.55	mmol/L			*	2.48
C-Calcium	2.10-2.55					2.34
I-Calcium	1.14-1.29	mmol/L			1.15	*
Testost	2.5-30	nmol/L	20.0	18.8	28.50	18.3 22.1
SHBG	10-57	nmol/L	53	48	36.0	6L
FAI	25-53		37.7	39.2	79.2H	305.0H
25-OHvitD	>50	nmol/L	83	165	167	80

NOTE: Entries labelled 'UNK' in the 'Time' row of this report indicate that the specimen collection time was not readily identifiable. Those results appear in order of time registered in laboratory.

SAMPLE TYPE: Unless otherwise indicated, all testing is undertaken on SERUM samples, with the following exceptions;
PLASMA: ACTH, Renin.

Classification of VitD (25OHD) levels in adults and children:
Adequate: >50 nmol/L
Mild deficiency: 30 - 49
Moderate deficiency: 12.5 - 29
Severe deficiency: <12.5
(Ref: VitD Health Pos Statement, MJA 196(11) 18 June 2012)

Macroprolactin:
Exclusion of Macroprolactin can be requested if clinical findings are inconsistent with high prolactin levels



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ROYAL HOBART HOSPITAL
CLINICAL CHEMISTRY REPORT

THCI: 106065878
URNO:
Lab#: 24P194132

To:

UNIT:
External Ref #:

DOB: Sex: Male
Address:
Location: Outpatient
Referred by:

Requested: FBC, 1,ETSH,B12F,IronS,CRProt, *VitC,EPTH,CK,Urate,

Page 1 of 1

GENERAL BIOCHEMISTRY

		Request No:	P277736	P072513	P152040	P169558	P194132
		Date:	02/10/23	08/03/24	29/05/24	16/06/24	10/07/24
		Time:	11:00	11:20	09:35	*UNK*	13:55
Units	Ref Range		-----	-----	-----	-----	-----
<u>SERUM</u>							
mmol/L	135-145	Na	139	141		142	139
mmol/L	3.5-5.2	K	4.0	4.1		4.3	4.6
mmol/L	95-110	Cl	99	100		99	101
mmol/L	22-32	HCO3	29	28		28	27
mmol/L	2.7-7.8	Urea	6.0	5.8		3.6	5.7
umol/L	60-110	Creat	82	105		96	95
mL/min/1.73 m2		eGFR	110	82L		91	92
mmol/L	4-13	An.Gap	11	13		15H	11
IU/L	40-250	CK					218
IU/L	10-60	Lipase					31
g/L	60-80	TP		79			80
g/L	35-52	Alb		46			47
g/L	25-35	Globulin		33			33
IU/L	30-110	ALP		51			55
IU/L	5-40	ALT		19			32
IU/L	5-35	AST		34			27
IU/L	5-50	GGT		20			24
umol/L	<25	Bilirubin		8			6
mmol/L	2.10-2.60	Ca		2.40			2.48
mmol/L	2.10-2.60	Ca (corr)		2.28			2.34
mmol/L	1.15-1.30	Ca @ 7.4			1.15		
mmol/L	0.75-1.50	Phos		0.88			0.87
mmol/L	0.70-1.10	Mg		0.90			0.97
umol/L	229-453	Urate					249
ug/L	30-300	Ferritin					27L
umol/L	11-28	Iron					6L
g/L	2.00-3.60	Transf'n					3.96H
%	15.0-55.0	TRF Sat'n					6.0L
mq/L	<5	CRP				22H	<1

10/07/24 24P194132

A serum ferritin concentration of less than 30 ug/L is consistent with iron deficiency.

NOTE: Entries labelled 'UNK' in the 'Time' row of this report indicate that the specimen collection time was not readily identifiable. Those results appear in order of time registered in laboratory.



ROYAL HOBART HOSPITAL
ENDOCRINOLOGY REPORT

THCI: 106065878
URNO:
Lab#: 24P194132

To:

UNIT:
External Ref #:

DOB: Sex: Male
Address:
Location: Outpatient
Referred by:

Requested: FBC,1,ETSH,B12F,IronS,CRProt,*VitC,EPTH,CK,Urate,

Page 1 of 1

GENERAL ENDOCRINOLOGY

Request No: P137412 P277736 P072513 P152040 P194132
Date: 17/05/23 02/10/23 08/03/24 29/05/24 10/07/24
Time: 09:55 11:00 11:20 09:35 13:55

Test	Ref Range	Units					
Prolactin	53-360	mU/L	316				
BEST'diol	39-163	pmol/L		335H	218H	176H	
TSH	0.4-4.0	mU/L	2.9				0.8
I-PTH	0.32-8.2	pmol/L			3.85	2.71	
Calcium	2.10-2.55	mmol/L			*	2.48	
C-Calcium	2.10-2.55					2.34	
I-Calcium	1.14-1.29	mmol/L			1.15	*	
Testost	2.5-30	nmol/L	20.0	18.8	28.50	18.3	22.1
SHBG	10-57	nmol/L	53	48	36.0	6L	
FAI	25-53		37.7	39.2	79.2H	305.0H	
25-OHvitD	>50	nmol/L	83	165	167		80

NOTE: Entries labelled 'UNK' in the 'Time' row of this report indicate that the specimen collection time was not readily identifiable. Those results appear in order of time registered in laboratory.

SAMPLE TYPE: Unless otherwise indicated, all testing is undertaken on SERUM samples, with the following exceptions;
PLASMA: ACTH, Renin.

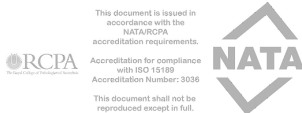
Classification of VitD (25OHD) levels in adults and children:

Adequate: >50 nmol/L
Mild deficiency: 30 - 49
Moderate deficiency: 12.5 - 29
Severe deficiency: <12.5

(Ref: VitD Health Pos Statement, MJA 196(11) 18 June 2012)

Macroprolactin:

Exclusion of Macroprolactin can be requested if clinical findings are inconsistent with high prolactin levels





ROYAL HOBART HOSPITAL
HISTOLOGY REPORT

THCI: 106065878
URNO:
Lab#: 24P180181

To:	██████, ██████ ██████
UNIT:	DOB: ██████ Sex: Male
External Ref #:	Address: ██████
	Location: Inpatient
	Referred by:
	Requested: Hist

FINAL REPORT

Page 1 of 2

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HISTOLOGY REPORT

SPECIMEN NUMBER: 2024A005506

SITE: ORAL BIOPSIES.

CLINICAL NOTES:

L + R buccal oral mucosa punch biopsies of reticular striations
?oral lichen planus. Prednisone ?autoimmune.

MACROSCOPIC:

1. (Right buccal mucosa).
The specimen consists of a mucosal biopsy 4 x 3mm, depth 3mm. There is no discernible surface lesion. AE one block.
2. (Left buccal mucosa).
The specimen consists of a punch biopsy of mucosa diameter 3mm depth 5mm. There is no discernible surface lesion. AE one block. (RH:tg)

MICROSCOPIC:

1. The sections show a biopsy including squamous mucosa and subepithelial tissue. Benign heterotopic sebaceous glands are present within the subepithelial tissue and in communication with the squamous mucosa. There is no dysplasia or malignancy. No fungi are seen with PAS stain.
2. The sections show a biopsy including squamous mucosa and subepithelial tissue with minor salivary glands and skeletal muscle towards the deep margin. Benign heterotopic sebaceous glands are identified within the subepithelial tissue and in communication with the squamous mucosa. There is no dysplasia or malignancy. The salivary gland tissue shows no inflammation or atypia. No fungi are seen with PAS stain.

DIAGNOSIS:

1,2. Right and left buccal mucosal biopsies: Heterotopic sebaceous glands ('Fordyce granules').



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Accreditation Number: 3036
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HAMILTON, Thomas Daniel

Phone:

Birthdate:

Sex: M

Medicare Number:

Your Reference:

Lab Reference: 24P072513-21896950

Laboratory: hobarthp

Addressee:

Name of Test: Full Blood Exam

Requested: 01/03/2024

Collected: 08/03/2024

Reported: 08/03/2024

15:06

FINAL Report

FULL BLOOD EXAMINATION

			Request No:	P167745	P028943	P301986	P137412	P072513
			Date:	29/06/20	30/01/21	17/11/21	17/05/23	08/03/24
			Time:	14:40	17:35	13:00	09:55	11:20
Ref Range			-----					
Sample Type			Whole Bl	Whole Bl	Whole Bl	Whole Bl	Whole Bl	
Film			0	0	0	0	0	
Hb	130-164	g/L	162	163	162	145	153	
RCC	4.0-5.4	x10 ¹² /L	5.10	5.11	5.03	4.55	5.06	
Hct	0.38-0.48	L/L	0.47	0.45	0.46	0.43	0.46	
MCV	83-97	fL	93	89	92	94	90	
MCH	28-34	pg	32	32	32	32	30	
MCHC	334-355	g/L	342	360H	351	339	334	
RDW	12.1-15.1	%	11.8	12.0L	11.9L	11.8L	13.6	
WCC	3.5-9.6	x10 ⁹ /L	5.2	6.1	7.7	5.0	9.7H	
Neut	1.8-6.6	x10 ⁹ /L	2.7	3.8	6.0	2.4	6.7H	
Lymph	0.9-2.7	x10 ⁹ /L	1.7	1.1	1.2	1.8	1.9	
Mono	0.2-0.8	x10 ⁹ /L	0.5	0.7	0.4	0.6	0.8	
Eos	0.04-0.4	x10 ⁹ /L	0.13	0.41H	0.02L	0.17	0.18	
Baso	<0.08	x10 ⁹ /L	0.03	0.06	<0.01	0.03	0.04	
Imm Gran		x10 ⁹ /L	<1	<1	<1	<1	<1	
Plat	160-420	x10 ⁹ /L	342	309	354	278	297	
MPV	7.1-10.4	fL	9.6	9.9	9.2	9.2	8.8	
PDW		%	9.6	10.4	10.0	9.7	9.6	
ESR	<13	mm/h	1					

NOTE: ESR is not recommended for routine screening or monitoring of inflammation. In most situations the CRP is superior in terms of rapidity of response, sensitivity and specificity for assessment of an acute phase response. However, ESR remains helpful as part of the management of certain rheumatologic conditions.

NOTE: Entries labelled 'UNK' in the 'Time' row of this report indicate that the specimen collection time was not readily identifiable. Those results appear in order of time registered in laboratory.

Requested Tests: ETesto,EFAI,EBE2,2,4,FBC,EVITD,Phos,PEND,ENDOIT,EShare,ESHBG,3

HAMILTON, Thomas Daniel

Phone:

Birthdate:

Sex: M

Medicare Number:

Your Reference:

Lab Reference: 24P072513-21896949

Laboratory: hobarthp

Addressee:

Name of Test: Biochemistry General

Requested: 01/03/2024

Collected: 08/03/2024

Reported: 08/03/2024

15:23

FINAL Report

GENERAL BIOCHEMISTRY

		Request No:	P301986	P137412	P238413	P277736	P072513
		Date:	17/11/21	17/05/23	24/08/23	02/10/23	08/03/24
		Time:	13:00	09:55	10:05	11:00	11:20
Units	Ref Range						
SERUM							
mmol/L	135-145	Na	140	135		139	141
mmol/L	3.5-5.2	K	4.5	3.7		4.0	4.1
mmol/L	95-110	Cl	101	97		99	100
mmol/L	22-32	HCO3	27	29		29	28
mmol/L	2.7-7.8	Urea	2.1L	2.6L		6.0	5.8
µmol/L	60-110	Creat	68	94		82	105
mL/min/1.73 m2		eGFR	124	94		110	82L
mmol/L	4-13	An.Gap	16	13		11	13
mmol/L	3.5-5.4	Gluc(F)		4.6			
IU/L	120-250	LDH	188				
g/L	60-80	TP	75	70	75		79
g/L	35-52	Alb	44	39	44		46
g/L	25-35	Globulin	31	31	31		33
IU/L	30-110	ALP	63	63	85		51
IU/L	5-40	ALT	13	20	38		19
IU/L	5-35	AST	18	23	36H		34
IU/L	5-50	GGT	24	18	28		20
µmol/L	<25	Bilirubin	7	12	6		8
mmol/L	2.10-2.60	Ca	2.46	2.33			2.40
mmol/L	2.10-2.60	Ca(corr)	2.38	2.35			2.28
mmol/L	0.75-1.50	Phos	0.75	0.99			0.88
mmol/L	0.70-1.10	Mg	0.97	0.82			0.90
mmol/L	<5.50	Chol		4.5			
mmol/L	<2.0	Trig		1.1			
mmol/L	>1.0	HDL Chol		2.1			
mmol/L	<3.5	LDL Chol		1.9			
mmol/L	<4.0	Non-HDL C		2.4			
Ratio		Chol/HDL		2.1			
µg/L	30-300	Ferritin		86			
µmol/L	11-28	Iron		25			
g/L	2.00-3.60	Transf'n		2.48			
%	15.0-55.0	TRF Sat'n		40.1			

17/05/23 23P137412

Ferritin concentrations of 30-100 ug/L in the presence of anaemia may suggest iron deficiency if there is co-existing inflammatory disease. Suggest repeat iron studies and request C-reactive protein.

Cholesterol/HDL-C ratio should not be interpreted in isolation.

HAMILTON, Thomas Daniel

Phone:

Birthdate:

Sex: M

Medicare Number:

Your Reference:

Lab Reference: 24P072513-21896948

Laboratory: hobarthp

Addressee:

Name of Test: Endocrine (Routine)

Requested: 01/03/2024
13:53

Collected: 08/03/2024

Reported: 12/03/2024

FINAL Report

GENERAL ENDOCRINOLOGY

Request No:	P167745	P165233	P137412	P277736	P072513
Date:	29/06/20	20/06/22	17/05/23	02/10/23	08/03/24
Time:	14:40	11:05	09:55	11:00	11:20

Test	Ref Range	Units					
Prolactin	53-360	mU/L				316	
LH	0.8-7.6	U/L		4.8			
FSH	0.7-11	U/L		4.3			
BEST'diol	39-163	pmol/L					335H
TSH	0.4-4.0	mU/L	3.9	2.0	2.9		
Anti-TPO	<35	Units/mL		<10.0			
Testost	2.5-30	nmol/L		17.50	20.0	18.8	28.50
SHBG	10-57	nmol/L		50.0	53	48	36.0
FAI	25-53			35.0	37.7	39.2	79.2H
25-OHVitD	>50	nmol/L			83	165	167

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Classification of VitD (25OHD) levels in adults and children:

Adequate: >50 nmol/L

Mild deficiency: 30 - 49

Moderate deficiency: 12.5 - 29

Severe deficiency: <12.5

(Ref: VitD Health Pos Statement, MJA 196(11) 18 June 2012)

Macroprolactin:

Exclusion of Macroprolactin can be requested if clinical findings are inconsistent with high prolactin levels

Requested Tests: ETesto, EFAI, EBE2, 2, 4, FBC, EVITD, Phos, PEND, ENDOIT, EShare, ESHBG, 3

Start Patient : HAMILTON, THOMAS

Birthdate: Age: 30 Y Sex: M

Telephone:

Your Reference : 732000

DSPL Reference : 406470542

Medicare Number:

Phone Enquiries:

Referred by :

Addressee :

Lab. Reference: 406470542-C-C140

Clinical Notes : MONITORING

BIOCHEMISTRY

Date	28/01/21	31/05/22	15/07/22	17/11/23		
Time	1100	1015	0930	1028		
Lab Id.	404936941	405637717	405758768	406470542	Units	Reference
Sodium	136	135	139		mmol/L	(135-145)
Potassium	3.7	3.8	3.5		mmol/L	(3.5-5.5)
Chloride	94 L	98	99		mmol/L	(95-110)
Urea	5.1	2.6 L	3.6		mmol/L	(3.0-7.5)
Creatinine	97	63	69		umol/L	(60-110)
eGFR	>90	>90	>90		mL/min/1.73m2	(>89)
Bicarbonate	27	26	21		mmol/L	(20-32)
Total Bilirubin	20	15	12	7	umol/L	(4-20)
ALP	84	57	68	67	U/L	(35-110)
Gamma GT	14	15	18	24	U/L	(5-50)
ALT	14	11	9	38	U/L	(5-40)
Total Protein	85 H	69	71	77	g/L	(66-83)
Albumin	51 H	41	42	47	g/L	(36-47)
Globulin	34	28	29	30	g/L	(26-41)
Total Calcium	2.67 H	2.29	2.25		mmol/L	
(2.15-2.55)						
Corr. Calcium	2.45	2.27	2.21		mmol/L	
(2.15-2.55)						
Phosphate	1.29				mmol/L	(0.8-1.5)
Magnesium	0.88	0.91			mmol/L	(0.7-1.05)
Uric Acid		0.39			mmol/L	
(0.20-0.50)						
Glucose Fast.		4.3	4.7		mmol/L	(<5.5)
Glucose Rand.	4.8				mmol/L	(<5.5)

CA

Tests Completed: LFTS, AST

Tests Pending : Homocysteine, AFP Tumor Abbott

Sample Pending :

Start Patient : HAMILTON, THOMAS
Birthdate: Age: 30 Y Sex: M
Telephone:
Your Reference : 732000
DSPL Reference : 406470542
Medicare Number:
Phone Enquiries:

Referred by :
Addressee :
Lab. Reference: 406470542-C-C145

Clinical Notes : MONITORING

BIOCHEMISTRY

Date	30/12/20	15/07/22	17/11/23		
Time	1328	0930	1028	Units	Reference
Lab Id.	404887777	405758768	406470542		
AST			34	U/L	(10-40)
CK		118		U/L	(45-250)
LD	258 H			U/L	(120-250)

CA

Tests Completed: LFTS, AST
Tests Pending : Homocysteine, AFP Tumor Abbott
Sample Pending :

Start Patient : HAMILTON, THOMAS
Birthdate: Age: 30 Y Sex: M
Telephone:
Your Reference : 732000
DSPL Reference : 406470542
Medicare Number:
Phone Enquiries:

Referred by :
Addressee :
Lab. Reference: 406470542-C-E792

Clinical Notes : MONITORING

Date	15/07/22	17/11/23		
Time	0930	1028		
Lab Id.	405758768	406470542	Units	Reference
AFP (Abbott)	8 H	6	kIU/L	(0-7)

Comments on Collection 17/11/23 1028:

AFP Tumor Abbott

Please note change in analyser from Roche to Abbott for AFP FROM 17/2/20.

CA

Tests Completed: LFTS, AST, AFP Tumor Abbott

Tests Pending : Homocysteine

Sample Pending :

Start Patient : HAMILTON, THOMAS
Birthdate: Age: 30 Y Sex: M
Telephone:
Your Reference : 732000
DSPL Reference : 406470542
Medicare Number:
Phone Enquiries:

Referred by :
Addressee :
Lab. Reference: 406470542-R-E310

Clinical Notes : MONITORING

Date	31/05/22	17/11/23		
Time	1015	1028		
Lab Id.	405637716	406470542	Units	Reference
Homocysteine	24.7 H	8.4	umol/L	(<15)

Comments on Collection 17/11/23 1028:
Serum homocysteine levels are markedly elevated (50 - 500 umol/L) in homocystinuria which is associated with childhood onset of ocular lens displacement, skeletal abnormalities and arterial and venous thromboses. Moderate elevations of serum homocysteine (16 - 100 umol/L) are seen in folic acid, vitamin B12 and pyridoxine deficiencies, several genetic defects, and renal failure. Elevated levels of serum homocysteine are associated with increased risk of atherosclerosis and venous thromboembolism.

SS

Tests Completed: LFTS, AST, Homocysteine, AFP Tumor Abbott
Tests Pending :
Sample Pending :

Start Patient : HAMILTON, THOMAS DANIEL

Birthdate: Age: Y 30 Sex: M
Telephone:

Your Reference :
Lab Reference :
Medicare Number:
Phone Enquiries:

Referred by....:
Addressee :
Lab. Reference: 23P277736-21268314

FINAL Report

GENERAL ENDOCRINOLOGY

Request No: P132239 P167745 P165233 P137412 P277736
Date: 01/06/20 29/06/20 20/06/22 17/05/23 02/10/23
Time: 02:35 14:40 11:05 09:55 11:00

Test	Ref Range	Units					
Prolactin	53-360	mU/L					316
LH	0.8-7.6	U/L			4.8		
FSH	0.7-11	U/L			4.3		
TSH	0.4-4.0	mU/L	1.1	3.9	2.0	2.9	
Anti-TPO	<35	Units/mL			<10.0		
Testost	4.5-27	nmol/L			17.50	20.0	18.8
SHBG	13-71	nmol/L			50.0	53	48
FAI	35-45				35.0	37.7	39.2
25-OHVitD	>50	nmol/L				83	165

NOTE: Entries labelled 'UNK' in the 'Time' row of this report indicate that the specimen collection time was not readily identifiable. Those results appear in order of time registered in laboratory.

SAMPLE TYPE: Unless otherwise indicated, all testing is undertaken on SERUM samples, with the following exceptions;
PLASMA: ACTH, Renin.

Classification of VitD (25OHD) levels in adults and children:

Adequate: >50 nmol/L
Mild deficiency: 30 - 49
Moderate deficiency: 12.5 - 29
Severe deficiency: <12.5

(Ref: VitD Health Pos Statement, MJA 196(11) 18 June 2012)

Macroprolactin:

Exclusion of Macroprolactin can be requested if clinical findings are inconsistent with high prolactin levels

Requested Tests: ETesto, ESHBG, EFAI, EVITD, HIV, SyphA, HBV, 2, PEND, ENDOIT, EShare

Start Patient : HAMILTON, THOMAS DANIEL

Birthdate: Age: Y 30 Sex: M
Telephone:

Your Reference :
Lab Reference :
Medicare Number:
Phone Enquiries:

Referred by....:
Addressee :
Lab. Reference: 23P277736-21268315

FINAL Report

HEPATITIS SEROLOGY

Hepatitis B Serology

Hepatitis B (surface) Antigen : Not Detected
Hepatitis B (core) Total Antibodies : Not Detected
Hepatitis B (surface) Antibodies : DETECTED

Hepatitis B Comment:

Serological evidence of Hepatitis B vaccination. As outlined in the Australian Immunisation Handbook, this result is consistent with immunity to Hepatitis B virus. Future vaccine booster doses are not required except in those individuals who are immunocompromised or have renal failure.

Testing performed on Abbott Alinity by Chemiluminescent Microparticle Immunoassay (CMIA).

HIV 1/2 SEROLOGY

HIV Antigen / HIV 1/2 Antibodies : Not Detected

HIV Comment:

No serological evidence of HIV infection. This result does not exclude HIV infection if the exposure period was less than 12 weeks prior.

Although most infections are detectable serologically within 6 weeks, some individuals may not seroconvert until 12 weeks post-exposure.

Testing should be performed 6 to 12 weeks following exposure.

Testing performed on Abbott Alinity by Chemiluminescent Microparticle Immunoassay (CMIA).

SYPHILIS SEROLOGY

Syphilis Antibodies : Not Detected

Syphilis Comment:

No serological evidence of Treponemal pallidum infection (Syphilis).
Screening serology may be negative in early primary infection.

If early infection is suspected, please repeat serology in 2 to 4 weeks.

Testing performed on Abbott Alinity by Chemiluminescent
Microparticle Immunoassay (CMIA).

Requested Tests: ETesto, ESHBG, EFAI, EVITD, HIV, SyphA, HBV, 2, PEND, ENDOIT, EShare

Start Patient : HAMILTON, THOMAS DANIEL

Birthdate: Age: Y 30 Sex: M

Telephone:

Your Reference :

Lab Reference : 23P277736

Medicare Number:

Phone Enquiries:

Referred by....:

Addressee :

Lab. Reference: 23P277736-21268316

FINAL Report

GENERAL BIOCHEMISTRY

		Request No:	P028943	P301986	P137412	P238413	P277736
		Date:	30/01/21	17/11/21	17/05/23	24/08/23	02/10/23
		Time:	17:35	13:00	09:55	10:05	11:00
Units	Ref Range						
SERUM							
mmol/L	135-145	Na	134L	140	135		139
mmol/L	3.5-5.2	K	4.2	4.5	3.7		4.0
mmol/L	95-110	Cl	89L	101	97		99
mmol/L	22-32	HCO3	25	27	29		29
mmol/L	2.7-7.8	Urea	5.7	2.1L	2.6L		6.0
µmol/L	60-110	Creat	90	68	94		82
mL/min/1.73 m2		eGFR	101	124	94		110
mmol/L	4-13	An.Gap	24H	16	13		11
mmol/L	3.5-5.4	Gluc (F)			4.6		
IU/L	120-250	LDH		188			
g/L	60-80	TP	84H	75	70	75	
g/L	35-52	Alb	50	44	39	44	
g/L	25-35	Globulin	34	31	31	31	
IU/L	30-110	ALP	83	63	63	85	
IU/L	5-40	ALT	14	13	20	38	
IU/L	5-35	AST	19	18	23	36H	
IU/L	5-50	GGT	14	24	18	28	
µmol/L	<25	Bilirubin	15	7	12	6	
mmol/L	2.10-2.60	Ca	2.53	2.46	2.33		
mmol/L	2.10-2.60	Ca (corr)	2.33	2.38	2.35		
mmol/L	0.75-1.50	Phos	1.09	0.75	0.99		
mmol/L	0.70-1.10	Mg	0.84	0.97	0.82		
mmol/L	<5.50	Chol			4.5		
mmol/L	<2.0	Trig			1.1		
mmol/L	>1.0	HDL Chol			2.1		
mmol/L	<3.5	LDL Chol			1.9		
mmol/L	<4.0	Non-HDL C			2.4		
Ratio		Chol/HDL			2.1		
µg/L	30-300	Ferritin			86		
µmol/L	11-28	Iron			25		
g/L	2.00-3.60	Transf'n			2.48		
%	15.0-55.0	TRF Sat'n			40.1		
mg/L	<5	CRP					
mmol/L		Alcohol	<2				
%		Alcohol %	<0.03				

17/05/23 23P137412

Ferritin concentrations of 30-100 µg/L in the presence of anaemia may suggest iron deficiency if there is co-existing inflammatory disease. Suggest repeat iron studies and request C-reactive

Start Patient : HAMILTON, THOMAS DANIEL

Birthdate: Age: Y 30 Sex: M
Telephone:

Your Reference :
Lab Reference : 23P238413
Medicare Number:
Phone Enquiries:

Referred by....:
Addressee :
Lab. Reference: 23P238413-21116235

FINAL Report

BIOCHEMISTRY

		Request No:	P167745	P137412	P233413
		Date:	29/06/20	17/05/23	24/08/23
		Time:	14:40	09:55	10:05
Units	Ref Range	Sample Type	Serum	Serum	Serum
g/L	0.90-1.80	C3	0.93		
g/L	0.10-0.40	C4	0.32		
IU/mL	<14	RhF	<10		
Âµg/L	<7.0	AFP		8H	9H
Âµg/L	0.25-2.10	PSA		0.58	

17/05/23 23P137412

Age related median PSA value for patient 18-29 years is 0.60 ug/L.

NOTE: Tumour markers are measured using the Roche electrochemiluminescence immunoassay (ECLIA). Results can vary depending on the testing procedure, and are not directly comparable with those obtained with other methods.

NOTE: Entries labelled 'UNK' in the 'Time' row of this report indicate that the specimen collection time was not readily identifiable. Those results appear in order of time registered in laboratory.

Requested Tests: 4, AFP, PSERR

Start Patient : HAMILTON, THOMAS DANIEL

Birthdate: Age: Y 30 Sex: M

Telephone:

Your Reference :

Lab Reference : 23P238413

Medicare Number:

Phone Enquiries:

Referred by....:

Addressee :

Lab. Reference: 23P238413-21116234

FINAL Report

GENERAL BIOCHEMISTRY

		Request No:	P167745	P028943	P301986	P137412	P238413
		Date:	29/06/20	30/01/21	17/11/21	17/05/23	24/08/23
		Time:	14:40	17:35	13:00	09:55	10:05
Units	Ref Range						
SERUM							
mmol/L	135-145	Na	136	134L	140	135	
mmol/L	3.5-5.2	K	3.9	4.2	4.5	3.7	
mmol/L	95-110	Cl	98	89L	101	97	
mmol/L	22-32	HCO3	27	25	27	29	
mmol/L	2.7-7.8	Urea	2.3L	5.7	2.1L	2.6L	
µmol/L	60-110	Creat	72	90	63	94	
mL/min/1.73 m2		eGFR	122	101	124	94	
mmol/L	4-13	An.Gap	15	24H	16	13	
mmol/L	3.5-5.4	Gluc (F)	4.5			4.6	
IU/L	120-250	LDH			188		
g/L	60-80	TP	74	84H	75	70	75
g/L	35-52	Alb	43	50	44	39	44
g/L	25-35	Globulin	31	34	31	31	31
IU/L	30-110	ALP	86	83	63	63	85
IU/L	5-40	ALT	14	14	13	20	38
IU/L	5-35	AST	25	19	18	23	36H
IU/L	5-50	GGT	18	14	24	18	28
µmol/L	<25	Bilirubin	10	15	7	12	6
mmol/L	2.10-2.60	Ca		2.53	2.46	2.33	
mmol/L	2.10-2.60	Ca (corr)		2.33	2.38	2.35	
mmol/L	0.75-1.50	Phos	1.01	1.05	0.75	0.99	
mmol/L	0.70-1.10	Mg	0.86	0.84	0.97	0.82	
mmol/L	<5.50	Chol				4.5	
mmol/L	<2.0	Trig				1.1	
mmol/L	>1.0	HDL Chol				2.1	
mmol/L	<3.5	LDL Chol				1.9	
mmol/L	<4.0	Non-HDL C				2.4	
Ratio		Chol/HDL				2.1	
µg/L	30-300	Ferritin	117			86	
µmol/L	11-28	Iron	25			25	
g/L	2.00-3.60	Transf'n	2.46			2.48	
%	15.0-55.0	TRF Sat'n	40.4			40.1	
mg/L	<5	CRP	<1	4			
mmol/L		Alcohol		<2			
%		Alcohol %		<0.01			

17/05/23 23P137412

Ferritin concentrations of 30-100 µg/L in the presence of anaemia may suggest iron deficiency if there is co-existing inflammatory disease. Suggest repeat iron studies and request C-reactive

Start Patient : HAMILTON, THOMAS DANIEL

Birthdate: Age: Y 29 Sex: M

Telephone:

Your Reference :

Lab Reference : 23P137412

Medicare Number:

Phone Enquiries:

Referred by....:

Addressee :

Lab. Reference: 23P137412-20731707

FINAL Report

FULL BLOOD EXAMINATION

Request No:			P132239	P167745	P028943	P301986	P137412
Date:			01/06/20	29/06/20	30/01/21	17/11/21	17/05/23
Time:			02:35	14:40	17:35	13:00	09:55
Ref Range							
Sample Type			Whole Bl	Whole Bl	Whole Bl	Whole Bl	Whole Bl
Film			0	0	0	0	0
Hb	130-164	g/L	162	162	163	162	145
RCC	4.0-5.4	x10 ¹² /L	5.09	5.10	5.11	5.03	4.55
Hct	0.38-0.48	L/L	0.47	0.47	0.45	0.46	0.43
MCV	83-97	fL	93	93	89	92	94
MCH	28-34	pg	32	32	32	32	32
MCHC	334-355	g/L	342	342	360H	351	339
RDW	12.1-15.1	%	11.9	11.8	12.0L	11.9L	11.8L
WCC	3.5-9.6	x10 ⁹ /L	5.9	5.2	6.1	7.7	5.0
Neut	1.8-6.6	x10 ⁹ /L	3.3	2.7	3.8	6.0	2.4
Lymph	0.9-2.7	x10 ⁹ /L	1.6	1.7	1.1	1.2	1.8
Mono	0.2-0.8	x10 ⁹ /L	0.7	0.5	0.7	0.4	0.6
Eos	0.04-0.4	x10 ⁹ /L	0.22	0.13	0.41H	0.02L	0.17
Baso	<0.08	x10 ⁹ /L	0.04	0.03	0.06	<0.01	0.03
Imm Gran		x10 ⁹ /L	<1	<1	<1	<1	<1
Plat	160-420	x10 ⁹ /L	332	342	309	354	278
MPV	7.1-10.4	fL	8.8	9.6	9.9	9.2	9.2
PDW		%	8.7	9.6	10.4	10.0	9.7
ESR	<13	mm/h		1			

NOTE: ESR is not recommended for routine screening or monitoring of inflammation. In most situations the CRP is superior in terms of rapidity of response, sensitivity and specificity for assessment of an acute phase response. However, ESR remains helpful as part of the management of certain rheumatologic conditions.

NOTE: Entries labelled 'UNK' in the 'Time' row of this report indicate that the specimen collection time was not readily identifiable. Those results appear in order of time registered in laboratory.

Requested Tests:

B12F, FBC, 6, IronS, EVITD, ETSH, Lipids, GlucF, PSA, AFP, ESHBG, ETesto, EProl, Extra, ENDOIT, EShare, EFAL, 3, PSERR

Start Patient : HAMILTON, THOMAS DANIEL

Birthdate: Age: Y 29 Sex: M

Telephone:

Your Reference :

Lab Reference : 23P137412

Medicare Number:

Phone Enquiries:

Referred by....:

Addressee :

Lab. Reference: 23P137412-20731708

FINAL Report

GENERAL BIOCHEMISTRY

		Request No:	P132239	P167745	P028943	P301986	P137412
		Date:	01/06/20	29/06/20	30/01/21	17/11/21	17/05/23
		Time:	02:35	14:40	17:35	13:00	09:55
Units	Ref Range		-----	-----	-----	-----	-----
SERUM							
mmol/L	135-145	Na	139	136	134L	140	135
mmol/L	3.5-5.2	K	4.7	3.9	4.2	4.5	3.7
mmol/L	95-110	Cl	100	98	89L	101	97
mmol/L	22-32	HCO3	28	27	25	27	29
mmol/L	2.7-7.8	Urea	2.6L	2.3L	5.7	2.1L	2.6L
Åµmol/L	60-110	Creat	71	72	90	68	94
mL/min/1.73 m2		eGFR	123	122	101	124	94
mmol/L	8-16	An.Gap	16	15	24H	16	13
mmol/L	3.5-5.4	Gluc(F)		4.5			4.6
IU/L	120-250	LDH				188	
g/L	60-80	TP	76	74	84H	75	70
g/L	35-52	Alb	44	43	50	44	39
g/L	25-35	Globulin	32	31	34	31	31
IU/L	30-110	ALP	92	86	83	63	63
IU/L	5-40	ALT	15	14	14	13	20
IU/L	5-35	AST	23	25	19	18	23
IU/L	5-50	GGT	18	18	14	24	18
Åµmol/L	<25	Bilirubin	16	10	15	7	12
mmol/L	2.10-2.60	Ca	2.48		2.53	2.46	2.33
mmol/L	2.10-2.60	Ca(corr)	2.40		2.33	2.38	2.35
mmol/L	0.75-1.50	Phos	1.14	1.01	1.05	0.75	0.99
mmol/L	0.70-1.10	Mg	0.96	0.86	0.84	0.97	0.82
mmol/L	<5.50	Chol					4.5
mmol/L	<2.0	Trig					1.1
mmol/L	>1.0	HDL Chol					2.1
mmol/L	<3.5	LDL Chol					1.9
mmol/L	<4.0	Non-HDL C					2.4
Ratio		Chol/HDL					2.1
Åµg/L	30-300	Ferritin		117			86
Åµmol/L	11-28	Iron		25			25
g/L	2.00-3.60	Transf'n		2.46			2.48
%	15.0-55.0	TRF Sat'n		40.4			40.1
mg/L	<5	CRP		<1	4		
mmol/L		Alcohol			<2		
%		Alcohol %			<0.01		

17/05/23 23P137412

Ferritin concentrations of 30-100 ug/L in the presence of anaemia may suggest iron deficiency if there is co-existing inflammatory disease. Suggest repeat iron studies and request C-reactive

Start Patient : HAMILTON, THOMAS DANIEL

Birthdate: Age: Y 29 Sex: M
Telephone:

Your Reference :
Lab Reference : 23P137412
Medicare Number: 1
Phone Enquiries: 1

Referred by....: 1
Addressee : 1
Lab. Reference: 23P137412-20/31/10

FINAL Report

BIOCHEMISTRY

		Request No:	P167745	P137412
		Date:	29/06/20	17/05/23
		Time:	14:40	09:55
Units	Ref Range	Sample Type	Serum	Serum
g/L	0.90-1.80	C3	0.93	
g/L	0.10-0.40	C4	0.32	
IU/mL	<14	RhF	<10	
Âµg/L	<7.0	AFP		8H
Âµg/L	0.20-2.00	PSA		0.58

17/05/23 23P137412

Age related median PSA value for patient 18-29 years is 0.60 ug/L.

NOTE: Tumour markers are measured using the Roche electrochemiluminescence immunoassay (ECLIA). Results can vary depending on the testing procedure, and are not directly comparable with those obtained with other methods.

NOTE: Entries labelled 'UNK' in the 'Time' row of this report indicate that the specimen collection time was not readily identifiable. Those results appear in order of time registered in laboratory.

Requested Tests:

B12F, FBC, 6, IronS, EVITD, ETSH, Lipids, GlucF, PSA, AFP, ESHBG, ETesto, EProl, Extra, ENDOI
T, EShare, EFAI, 3, PSERR

Start Patient : HAMILTON, THOMAS DANIEL

Birthdate: Age: Y 29 Sex: M
Telephone:

Your Reference :
Lab Reference : 23P137412
Medicare Number:
Phone Enquiries:

Referred by....:
Addressee :
Lab. Reference: 23P137412-20731706

FINAL Report

VITAMIN B12 / FOLATE REPORT

Serum Vitamin B12 350 pmol/L (130-850)
Serum Folate 20.4 nmol/L (>5.0)

VITAMIN B12 / FOLATE

Request No:	P033080	P167745	P137412
Date:	14/02/20	29/06/20	17/05/23
Time:	13:10	14:40	09:55
Units	Ref Range		
pmol/L	130-850	Serum B12	135 107L 350
pmol/L	37-188	aB12	35L 33L
nmol/L	>5.0	Se Folate	20.3 20.4

29/06/20 14:40

Vitamin B12 deficiency is highly likely.

Holotranscobalamin is measured using the Roche electrochemiluminescence immunoassay (ECLIA). Results can vary depending on the testing procedure and are not directly comparable with those obtained by other methods.

14/02/20 13:10

Vitamin B12 deficiency is highly likely.

Holotranscobalamin is measured using the Roche electrochemiluminescence immunoassay (ECLIA). Results can vary depending on the testing procedure and are not directly comparable with those obtained by other methods.

NOTE: Entries labelled 'UNK' in the 'Time' row of this report indicate that the specimen collection time was not readily identifiable. Those results appear in order of time registered in laboratory.

Requested Tests:
B12F, FBC, 6, IronS, EVITD, ETSH, Lipids, ClucF, PSA, AFP, ESHBG, ETesto, EProl, Extra, ENDOI
T, EShare, EFAI, 3, PSERR

Start Patient : HAMILTON, THOMAS DANIEL

Birthdate: Age: Y 29 Sex: M
Telephone:

Your Reference :
Lab Reference : 23P137412
Medicare Number:
Phone Enquiries:

Referred by....:
Addressee :
Lab. Reference: 23P137412-20731709

FINAL Report

GENERAL ENDOCRINOLOGY

Request No: P033060 P132239 P167745 P165233 P137412
Date: 14/02/20 01/06/20 29/06/20 20/06/22 17/05/23
Time: 13:10 02:35 14:40 11:05 09:55

Test	Ref Range	Units					
Prolactin	53-360	mU/L					31.6
LH	0.8-7.6	U/L				4.8	
FSH	0.7-11	U/L				4.3	
TSH	0.4-4.0	mU/L	3.0	1.1	3.9	2.0	2.9
Anti-TPO	<35	Units/mL				<10.0	
Testost	4.5-27	nmol/L				17.50	20.0
SHBG	13-71	nmol/L				50.0	53
FAI	35-45					35.0	37.7
25-OHVitD	>50	nmol/L	76				83

NOTE: Entries labelled 'UNK' in the 'Time' row of this report indicate that the specimen collection time was not readily identifiable. Those results appear in order of time registered in laboratory.

SAMPLE TYPE: Unless otherwise indicated, all testing is undertaken on SERUM samples, with the following exceptions;
PLASMA: ACTH, Renin.

Classification of VitD (25OHD) levels in adults and children:

Adequate: >50 nmol/L
Mild deficiency: 30 - 49
Moderate deficiency: 12.5 - 29
Severe deficiency: <12.5

(Ref: VitD Health Pos Statement, MJA 196(11) 18 June 2012)

Macroprolactin:

Exclusion of Macroprolactin can be requested if clinical findings are inconsistent with high prolactin levels

Requested Tests:

B12F, FBC, 6, IronS, EVITD, ETS, Lipids, GlucF, PSA, AFP, ESHBG, ETesto, EProl, Extra, ENDOI
T, EShare, EFAI, 3, PSERR

Start Patient : HAMILTON, THOMAS

Birthdate: Age: 28 Y Sex: M

Telephone:

Your Reference :

DSPL Reference : 405758768

Medicare Number:

Phone Enquiries:

Referred by :

Copy To :

Copy To :

Addressee :

Lab. Reference: 405758768-H-H600

Date	30/12/20	28/01/21	31/05/22	15/07/22		
Time	1328	1100	1015	0930		
Lab Id.	404887777	404936941	405637717	405758768	Units	Reference
Haemoglobin	142	171	137	152	g/L	(130-175)
HCT (0.38-0.50)	0.42	0.49	0.42	0.47		
MCV	98	91	94	96	fL	(80-100)
WCC	9.6	6.8	4.6	4.3	/nL	(4.0-11.0)
Neutrophils	5.9	3.7	2.3	1.9 L	/nL	(2.0-7.5)
Lymphocytes	1.4	1.2	1.5	1.7	/nL	(1.0-4.0)
Monocytes	0.8	0.9	0.6	0.6	/nL	(0.2-1.0)
Eosinophils	1.4 H	1.0 H	0.2	0.2	/nL	(<0.5)
Basophils	0.1	0.1	<0.1	<0.1	/nL	(<0.3)
Platelets	385	275	320	304	/nL	(150-400)
ESR	5		8		mm/hr	(<10)

HA

Tests Completed: FBC

Tests Pending : LFTS, Renal Function, Electrolytes, Fast. Glucose,
Lipids & LDL, Calcium, CK, C-Reactive Prot., TSH,
HCG - Tumour, Vitamin B12, Ang. Co. Enzyme, Serum Folate,
VIT D (25-OH), AFP Tumor Abbott, ANA, Immunoglobulins,
FLC, IgE, Electrophoresis, Immunofix. Proteins, UMC

Sample Pending :

Start Patient : HAMILTON, THOMAS

Birthdate: Age: 28 Y Sex: M

Telephone:

Your Reference :

DSPL Reference : 405758768

Medicare Number:

Phone Enquiries:

Referred by :

Copy To :

Copy To :

Addressee :

Lab. Reference: 405758768-C-C140

BIOCHEMISTRY

Date	30/12/20	28/01/21	31/05/22	15/07/22		
Time	1328	1100	1015	0930		
Lab Id.	404887777	404936941	405637717	405758768	Units	Reference
Sodium	138	136	135	139	mmol/L	(135-145)
Potassium	4.4	3.7	3.8	3.5	mmol/L	(3.5-5.5)
Chloride	102	94 L	98	99	mmol/L	(95-110)
Urea	2.5 L	5.1	2.6 L	3.6	mmol/L	(3.0-7.5)
Creatinine	57 L	97	63	69	umol/L	(60-110)
eGFR	>90	>90	>90	>90	mL/min/1.73m2	(>89)
Bicarbonate	28	27	26	21	mmol/L	(20-32)
Total Bilirubin	8	20	15	12	umol/L	(4-20)
ALP	93	84	57	68	U/L	(35-110)
Gamma GT	16	14	15	18	U/L	(5-50)
ALT	16	14	11	9	U/L	(5-40)
Total Protein	72	85 H	69	71	g/L	(66-83)
Albumin	41	51 H	41	42	g/L	(36-47)
Globulin	31	34	28	29	g/L	(26-41)
Total Calcium	2.37	2.67 H	2.29	2.25	mmol/L	
(2.15-2.55)						
Corr. Calcium	2.35	2.45	2.27	2.21	mmol/L	
(2.15-2.55)						
Phosphate	1.14	1.29			mmol/L	(0.8-1.5)
Magnesium	0.83	0.88	0.91		mmol/L	(0.7-1.05)
Uric Acid	0.37		0.39		mmol/L	
(0.20-0.50)						
Glucose Fast.	4.1		4.3	4.7	mmol/L	(<5.5)
Glucose Rand.		4.8			mmol/L	(<5.5)

Comments on Collection 15/07/22 0930:

Renal Function

Note: eGFR units are mL/min/1.73m2.

CA

Tests Completed: LFTS, Renal Function, Electrolytes, Fast. Glucose, Lipids & LDL, Calcium, CK, C-Reactive Prot., Serum Folate, FBC, Immunoglobulins

Tests Pending : TSH, HCG - Tumour, Vitamin B12, Ang.Co. Enzyme, Active B12, VIT D (25-OH), AFP Tumor Abbott, ANA, FLC, IgE, Electrophoresis, Immunofix. Proteins, UMC

Sample Pending :

Start Patient : HAMILTON, THOMAS
Birthdate: Age: 28 Y Sex: M
Telephone:
Your Reference :
DSPL Reference : 405758768
Medicare Number:
Phone Enquiries:

Referred by :
Copy To :
Copy To :
Addressee :
Lab. Reference: 405758768-C-C892

Lipids

Date	30/12/20	31/05/22	15/07/22		
Time	1328	1015	0930		
Lab Id.	404887777	405637717	405758768	Units	Reference
Cholesterol	4.1	4.5	4.6	mmol/L	
Triglyceride	0.6	0.9	0.8	mmol/L	
HDL Cholesterol	1.9	2.2	1.9	mmol/L	
Cholesterol/HDL	2.2	2.0	2.4		
Non HDL-Chol.	2.2	2.3	2.7	mmol/L	
LDL Cholesterol	1.9	1.9	2.3	mmol/L	

Comments on Collection 15/07/22 0930:

Lipids & LDL

The total Cholesterol is noted to be above the target level:

Cholesterol	<4.0 mmol/L
Triglyceride	<2.0 mmol/L
HDL - Cholesterol	>=1.0 mmol/L
Non HDL - Chol.	<2.5 mmol/L
LDL - Cholesterol	<2.0 mmol/L

Calculation of the absolute cardiovascular risk is required for further assessment.

Suggested frequency of lipids measurement (Red Book):

High risk - every 12 months

Medium risk - every 2 years

Low risk (> 45 years) - every 5 years

Low risk (Aboriginal and Torres Strait Islanders >35 years) - every 5 years

CA

Tests Completed: LFTS, Renal Function, Electrolytes, Fast. Glucose,
Lipids & LDL, Calcium, CK, C-Reactive Prot.,
Serum Folate, FBC, Immunoglobulins

Tests Pending : TSH, HCG - Tumour, Vitamin B12, Ang.Co.Enzyme,
Active B12, VIT D (25-OH), AFP Tumor Abbott, ANA, FLC,
IgE, Electrophoresis, Immunofix. Proteins, UMC

Sample Pending :

Start Patient : HAMILTON.THOMAS

Birthdate: Age: 28 Y Sex: M

Telephone:

Your Reference :

DSPL Reference : 405758768

Medicare Number:

Phone Enquiries:

Referred by :

Copy To :

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Addressee :

Lab. Reference: 405758768-C-C145

BIOCHEMISTRY

Date 30/12/20 15/07/22

Time 1328 0930

Lab Id. 404887777 405758768 Units Reference

CK	118	U/L	(45-250)
LD	258 H	U/L	(120-250)

CA

Tests Completed: LFTS, Renal Function, Electrolytes, Fast. Glucose,
Lipids & LDL, Calcium, CK, C-Reactive Prot.,
Serum Folate, FBC, Immunoglobulins

Tests Pending : TSH, HCG - Tumour, Vitamin B12, Ang. Co. Enzyme,
Active B12, VIT D (25-OH), AFP Tumor Abbott, ANA, FLC,
IgE, Electrophoresis, Immunofix. Proteins, UMC

Sample Pending :

Start Patient : HAMILTON, THOMAS

Birthdate: Age: 28 Y Sex: M

Telephone:

Your Reference :

DSPL Reference : 405758768

Medicare Number:

Phone Enquiries:

Referred by :

Copy To :

Copy To :

Addressee :

Lab. Reference: 405758768-C-C290

Date	30/12/20	28/01/21	31/05/22	15/07/22		
Time	1328	1100	1015	0930	Units	Reference
Lab Id.	404887777	404936941	405637717	405758768		
CRP	2	9 H	<1	<1	mg/L	(<5)

CA

Tests Completed: LFTS, Renal Function, Electrolytes, Fast. Glucose,
Lipids & LDL, Calcium, CK, C-Reactive Prot.,
Serum Folate, FBC, Immunoglobulins

Tests Pending : TSH, HCG - Tumour, Vitamin B12, Ang. Co. Enzyme,
Active B12, VIT D (25-OH), AFP Tumor Abbott, ANA, FLC,
IgE, Electrophoresis, Immunofix. Proteins, UMC

Sample Pending :

Start Patient : HAMILTON, THOMAS

Birthdate: Age: 28 Y Sex: M

Telephone:

Your Reference :

DSPL Reference : 405758768

Medicare Number:

Phone Enquiries:

Referred by : |

Copy To : |

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Addressee : |

Lab. Reference: 405758768-C-I301

Date 28/01/21 15/07/22

Time 1100 0930

Lab Id. 404936941 405758768

Units Reference

IgG	14.6	11.9	g/L	(7.0-16.0)
IgA	2.0	1.5	g/L	(0.7-4.0)
IgM	0.9	0.9	g/L	(0.4-2.3)

HF

Tests Completed: LFTS, Renal Function, Electrolytes, Fast. Glucose,
Lipids & LDL, Calcium, CK, C-Reactive Prot.,
Serum Folate, FBC, Immunoglobulins

Tests Pending : TSH, HCG - Tumour, Vitamin B12, Ang. Co. Enzyme,
Active B12, VIT D (25-OH), AFP Tumor Abbott, ANA, FLC,
IgE, Electrophoresis, Immunofix. Proteins, UMC

Sample Pending :

Start Patient : HAMILTON, THOMAS
 Birthdate: Age: 28 Y Sex: M
 Telephone:
 Your Reference :
 DSPL Reference : 405758768
 Medicare Number:
 Phone Enquiries:
 Referred by :
 Copy To :
 Copy To :
 Addressee :
 Lab. Reference: 405758768-C-E022

THYROID FUNCTION TESTS

Date	03/04/14	31/05/22	15/07/22		
Time	Unkn	1015	0930		
Lab Id.	401346771	405637717	405758768	Units	Reference
TSH.	2.5	3.8 H	2.3	mU/L	(0.3-3.5)
Free.T4		11.7		pmol/L	(9.0-19.0)

CA

Tests Completed: LFTS, Renal Function, Electrolytes, Fast. Glucose,
 Lipids & LDL, Calcium, CK, C-Reactive Prot., TSH,
 Vitamin B12, Serum Folate, Active B12, VIT D (25-OH),
 FBC, Immunoglobulins
 Tests Pending : HCG - Tumour, Ang. Co. Enzyme, AFP Tumor Abbott, ANA, FLC,
 IgE, Electrophoresis, Immunofix. Proteins, UMC
 Sample Pending :

Start Patient : HAMILTON, THOMAS
 Birthdate: Age: 28 Y Sex: M
 Telephone:
 Your Reference :
 DSPL Reference : 405758768
 Medicare Number:
 Phone Enquiries:

Referred by :
 Copy To :
 Copy To :
 Addressee :
 Lab. Reference: 405758768-C-E088

B12/Serum Folate/RCF

Date	28/01/21	31/05/22	31/05/22	15/07/22		
Time	1100	1015	1015	0930		
Lab Id.	404936941	405637716	405637717	405758768	Units	Reference
S. Vitamin B12		231		422	pmol/L	(200-700)
Serum Folate			18.5	13.7	nmol/L	(>7.9)
HCT	0.49		0.42	0.47		
(0.38-0.50)						

Comments on Collection 15/07/22 0930:

Vitamin B12

<120 pmol/L - Deficient. Specimen reflexed for Active B12 testing to confirm deficiency (see additional report).

120 - 300 pmol/L - Equivocal. Specimen reflexed for Active B12 testing to clarify vitamin B12 status (see additional report).

>300 pmol/L - Normal.

CA

Tests Completed: LFTS, Renal Function, Electrolytes, Fast. Glucose, Lipids & LDL, Calcium, CK, C-Reactive Prot., TSH, Vitamin B12, Serum Folate, Active B12, VIT D (25-OH), FBC, Immunoglobulins

Tests Pending : HCG - Tumour, Ang. Co. Enzyme, AFP Tumor Abbott, ANA, FLC, IgE, Electrophoresis, Immunofix. Proteins, UMC

Sample Pending :

Start Patient : HAMILTON, THOMAS

Birthdate: Age: 28 Y Sex: M

Telephone:

Your Reference :

DSPL Reference : 405758768

Medicare Number:

Phone Enquiries:

Referred by :

Copy To :

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Addressee :

Lab. Reference: 405758768-C-E338

Date	30/12/20	31/05/22	31/05/22	15/07/22		
Time	1328	1015	1015	0930		
Lab Id.	404887777	405637716	405637717	405758768	Units	Reference
Active B12	18 L	89	94	>128	pmol/L	(>35)

Comments on Collection 15/07/22 0930:

Active B12

Active B12 (holotranscobalamin) is the biologically active fraction of total serum B12, and should be a superior indicator of B12 status.

Holotranscobalamin level indicates Vitamin B12 deficiency unlikely.

Up to 15% of patients will have a deficiency of carrier protein (haptocorrin) that does not appear to result in a clinically recognisable Vitamin B12 deficiency despite low total Vitamin B12 levels.

CA

Tests Completed: LFTS, Renal Function, Electrolytes, Fast. Glucose, Lipids & LDL, Calcium, CK, C-Reactive Prot., TSH, Vitamin B12, Serum Folate, Active B12, VIT D (25-OH), FBC, Immunoglobulins

Tests Pending : HCG - Tumour, Ang. Co. Enzyme, AFP Tumor Abbott, ANA, FLC, IgE, Electrophoresis, Immunofix. Proteins, UMC

Sample Pending :

Start Patient : HAMILTON, THOMAS

Birthdate: Age: 28 Y Sex: M

Telephone:

Your Reference :

DSPL Reference : 405758768

Medicare Number: 6246000952

Phone Enquiries:

Referred by :

Copy To :

Copy To :

Addressee :

Lab. Reference: 405758768-C-E406

Date	30/12/20	31/05/22	15/07/22		
Time	1328	1015	0930	Units	Reference
Lab Id.	404887777	405637717	405758768		
25-OH Vit.D	100	71	65	nmol/L	(>49)
25-OH Vit.D	Vitamin D testing is Medicare Rebatable.				

Comments on Collection 15/07/22 0930:

VIT D (25-OH)

Vitamin D Status 25-OH Vitamin D nmol/L

Indeterminate 50 - 75

Mild Deficiency 30 - 49

Moderate Deficiency 12.5 - 29

Severe Deficiency <12.5

The results show persisting Indeterminate Vitamin D status.

Treatment should be considered. Repeat testing should be undertaken 2 - 3 months after the commencement (e.g. supplementation or increased sun exposure).

60% of all Tasmanians presenting for the first time for Vitamin D testing (at the end of winter) show deficiency and on average in any season of the year 44% of Tasmanians are Vitamin D deficient.

Low sun exposure is the main cause of deficiency - living or working indoors, residing in the southern latitudes such as Tasmania, covering up exposed skin and avoiding outdoor activities are contributing factors. Vitamin D deficiency is a major contributing factor to demineralising bone disease such as osteoporosis. As well, recent research shows that it may be associated with other chronic diseases, including certain cancers and autoimmune diseases.

CA

Tests Completed: LFTS, Renal Function, Electrolytes, Fast. Glucose, Lipids & LDL, Calcium, CK, C-Reactive Prot., TSH, Vitamin B12, Serum Folate, Active B12, VIT D (25-OH), FBC, Immunoglobulins

Tests Pending : HCG - Tumour, Ang.Co.Enzyme, AFP Tumor Abbott, ANA, FLC, IgE, Electrophoresis, Immunofix. Proteins, UMC

Sample Pending :

Start Patient : HAMILTON, THOMAS
Birthdate: Age: 28 Y Sex: M
Telephone:
Your Reference :
DSPL Reference : 405758768
Medicare Number:
Phone Enquiries:

Referred by :
Copy To :
Copy To :
Addressee :
Lab. Reference: 405758768-C-E792

Date	15/07/22		
Time	0930		
Lab Id.	405758768	Units	Reference
AFP (Abbott)	8 H	kIU/L	(0-7)

Comments on Collection 15/07/22 0930:

AFP Tumor Abbott

Please note change in analyser from Roche to Abbott for AFP FROM 17/2/20.

LP

Tests Completed: LFTS, Renal Function, Electrolytes, Fast. Glucose,
Lipids & LDL, Calcium, CK, C-Reactive Prot., TSH,
Vitamin B12, Serum Folate, Active B12, VIT D (25-OH),
AFP Tumor Abbott, FBC, Immunoglobulins, UMC

Tests Pending : HCG - Tumour, Ang. Co. Enzyme, ANA, FLC, IgE,
Electrophoresis, Immunofix. Proteins

Sample Pending :

Start Patient : HAMILTON, THOMAS
Birthdate: Age: 28 Y Sex: M
Telephone:
Your Reference :
DSPL Reference : 405758768
Medicare Number:
Phone Enquiries:

Referred by :
Copy To :
Copy To :
Addressee :
Lab. Reference: 405758768-I-I008

Date	31/05/22	15/07/22		
Time	1015	0930		
Lab Id.	405637717	405758768	Units	Reference
ANA	Neg <80	Neg <80		

Comments on Collection 15/07/22 0930:
(Screened at a titre of 80)

Occasionally patients with active SLE have a negative ANA.

MB

Tests Completed: LFTS, Renal Function, Electrolytes, Fast. Glucose,
Lipids & LDL, Calcium, CK, C-Reactive Prot., TSH,
Vitamin B12, Serum Folate, Active B12, VIT D (25-OH),
AFP Tumor Abbott, FBC, ANA, Immunoglobulins, UMC

Tests Pending : HCG - Tumour, Ang. Co. Enzyme, FLC, IgE, Electrophoresis, Immunofix.
Proteins
Sample Pending :

Start Patient : HAMILTON, THOMAS
Birthdate: Age: 28 Y Sex: M
Telephone:
Your Reference :
DSPL Reference : 405758768
Medicare Number:
Phone Enquiries:

Referred by :
Copy To :
Copy To :
Addressee :
Lab. Reference: 405758768-C-I401

Date	15/07/22		
Time	0930		
Lab Id.	405758768	Units	Reference
Total Protein	71	g/L	(66-83)
EP Albumin	44	g/L	(39-49)
Alpha-1 Globulin	2.4	g/L	(1.0-2.5)
Alpha-2 Globulin	7.8	g/L	(6.0-9.0)
Beta Globulin	7.5	g/L	(7.5-11.0)
Gamma Globulin	9.4	g/L	(5.5-14.0)
EPP Comment	EPN		

Code Key
EPP Comment : EPN = Electrophoresis shows an essentially normal pattern.

LP

Tests Completed: LFTS, Renal Function, Electrolytes, Fast. Glucose,
Lipids & LDL, Calcium, CK, C-Reactive Prot., TSH,
Vitamin B12, Serum Folate, Active B12, VIT D (25-OH),
AFP Tumor Abbott, FBC, ANA, Immunoglobulins,
Electrophoresis, Immunofix. Proteins, UMC
Tests Pending : HCG - Tumour, Ang. Co. Enzyme, FLC, IgE
Sample Pending :

Start Patient : HAMILTON, THOMAS
Birthdate: Age: 28 Y Sex: M
Telephone:
Your Reference :
DSPL Reference : 405758768
Medicare Number:
Phone Enquiries:

Referred by :
Copy To :
Copy To :
Addressee :
Lab. Reference: 405758768-C-I406

Immunofixation Electrophoresis

No monoclonal protein was detected.

LP

Tests Completed: LFTS, Renal Function, Electrolytes, Fast. Glucose,
Lipids & LDL, Calcium, CK, C-Reactive Prot., TSH,
Vitamin B12, Serum Folate, Active B12, VIT D (25-OH),
AFP Tumor Abbott, FBC, ANA, Immunoglobulins,
Electrophoresis, Immunofix. Proteins, UMC
Tests Pending : HCG - Tumour, Ang. Co. Enzyme, FLC, IgE
Sample Pending :

Start Patient : HAMILTON, THOMAS
Birthdate: Age: 28 Y Sex: M
Telephone:
Your Reference :
DSPL Reference : 405758768
Medicare Number:
Phone Enquiries:

Referred by :
Copy To :
Copy To :
Addressee :
Lab. Reference: 405758768-R-E227

HCG

Date	15/07/22		
Time	0930		
Lab Id.	405758768	Units	Reference
HCG - Tumour	<2	IU/L	(<2)

Comments on Collection 15/07/22 0930:

High dose biotin (Vitamin B7) can interfere in the Roche Human chorionic gonadotropin (hCG) assay, causing a falsely decreased 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 on high dose biotin (>5 mg/day) please contact the laboratory on 07 3377 8530.

AH

Tests Completed: LFTS, Renal Function, Electrolytes, Fast. Glucose,
Lipids & LDL, Calcium, CK, C-Reactive Prot., TSH,
HCG - Tumour, Vitamin B12, Ang. Co. Enzyme, Serum Folate,
Active B12, VIT D (25-OH), AFP Tumor Abbott, FBC, ANA,
Immunoglobulins, Electrophoresis, Immunofix. Proteins, UMC
Tests Pending : FLC, IgE
Sample Pending :

Start Patient : HAMILTON, THOMAS
Birthdate: Age: 28 Y Sex: M
Telephone:
Your Reference :
DSPL Reference : 405758768
Medicare Number:
Phone Enquiries:
Referred by :
Copy To :
Copy To :
Addressee :
Lab. Reference: 405758768-R-E078

ACE

Date	15/07/22		
Time	0930		
Lab Id.	405758768	Units	Reference
Ang.C.Enzyme	49	U/L	(20-70)

Comments on Collection 15/07/22 0930:
Conditions that may cause higher levels of ACE include:

Sarcoidosis, granulomatous disorders (berylliosis, tuberculosis), HIV, lymphoma, psoriasis, primary biliary cirrhosis, alcoholic liver disease, hyperparathyroidism, hyperthyroidism, IBD, diabetes, multiple myeloma, fungal lung disease, silicosis, asbestosis, amyloidosis, Gauchers disease, leprosy and genetic increase.

ACE inhibitors cause reduced levels.

AH

Tests Completed: LFTS, Renal Function, Electrolytes, Fast. Glucose, Lipids & LDL, Calcium, CK, C-Reactive Prot., TSH, HCG - Tumour, Vitamin B12, Ang.Co.Enzyme, Serum Folate, Active B12, VIT D (25-OH), AFP Tumor Abbott, FBC, ANA, Immunoglobulins, Electrophoresis, Immunofix. Proteins, UMC
Tests Pending : FLC, IgE
Sample Pending :

Start Patient : HAMILTON, THOMAS
 Birthdate: Age: 28 Y Sex: M
 Telephone:
 Your Reference :
 DSPL Reference : 405758768
 Medicare Number:
 Phone Enquiries:
 Referred by :
 Copy To :
 Copy To :
 Addressee :
 Lab. Reference: 405758768-R-I903

Protein Studies

Date	15/07/22		
Time	0930		
Lab Id.	405758768	Units	Reference
Kappa FLC	10	mg/L	(7-22)
Lambda FLC	12	mg/L	(8-27)
K/L Ratio	0.83		
(0.31-1.56)			

SS

Tests Completed: LFTS, Renal Function, Electrolytes, Fast. Glucose,
 Lipids & LDL, Calcium, CK, C-Reactive Prot., TSH,
 HCG - Tumour, Vitamin B12, Ang. Co. Enzyme, Serum Folate,
 Active B12, VIT D (25-OH), AFP Tumor Abbott, FBC, ANA,
 Immunoglobulins, FLC, Electrophoresis,
 Immunofix. Proteins, UMC

Tests Pending : IgE
 Sample Pending :

Start Patient : HAMILTON, THOMAS
Birthdate: Age: 28 Y Sex: M
Telephone:
Your Reference :
DSPL Reference : 405758768
Medicare Number:
Phone Enquiries:

Referred by :
Copy To :
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Addressee :
Lab. Reference: 405758768-R-K500

Allergy Serology	kU/L	Class
Immunoglobulin E (Total IgE)	97	kIU/L (<100)
Comments on Lab Id: 405758768		

Elevated total IgE is present in many patients with atopic diseases (asthma, eczema, allergic rhinitis) and some parasitic infections.

HF

Tests Completed: LFTS, Renal Function, Electrolytes, Fast. Glucose, Lipids & LDL, Calcium, CK, C-Reactive Prot., TSH, HCG - Tumour, Vitamin B12, Ang. Co. Enzyme, Serum Folate, Active B12, VIT D (25-OH), AFP Tumor Abbott, FBC, ANA, Immunoglobulins, FLC, IgE, Electrophoresis, Immunofix. Proteins, UMC

Tests Pending :
Sample Pending :