

Report to **Meditests Pty Ltd**

Patient **SAMPLE PATIENT**
[Address Redacted]

Phone [Redacted]
D.O.B --/--/---- Age -- Sex -

Ref. by/copy to **Meditests Pty Ltd**

Collect date **24/04/2026** Lab ref **26-[SAMPLE]**
Collect time **07:50 AM** Your ref
Reported **[Sample Date]**

Tests requested **TSI, AND, HOR, INS, I12, TFT, TAA, MBA
VB6***

Clinical notes

THYROID STIMULATING IMMUNOGLOBULIN (TSI)

Thyroid Stimulating Immunoglobulin **< 0.1 IU/L** (**< 0.55**)

The cutoff **>0.55 IU/L** signify there is a high risk of active Graves disease
For healthy individuals, level should be **<0.1 IU/L**.

Thyroid Stimulating Immunoglobulin is useful in the following settings:

- Aiding clinical evaluation in the confirmation or exclusion of Graves' disease
- Differentiating Graves' disease from disseminated autonomy of the thyroid gland
- Prognosis / decision-making when monitoring the course of Graves' disease
- In pregnancy to assess the risk of onset of hyperthyroidism in the foetus

**SURGERY
USE**

- Normal
- No Action/File
- Patient Notified
- Make Appoint.
- Further Tests
- Notes Required
- Speak with Dr.
- On Correct Treatment

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SERUM ANDROGENS

Total Testosterone (Siemens)	14.6	nmol/L	(8.3-29)
Sex Hormone Binding Globulin	48	nmol/L	(11-71)
Calculated Free Testosterone	236.5	pmol/L	(255.0-725.0)

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SERUM INSULIN

Fasting status
Haemolysis

Random
Nil

Insulin **25** mU/L (**< 10**)

ASSESSMENT OF INSULIN RESISTANCE (FASTING SAMPLES ONLY)

- < 10 - normal insulin sensitivity
- 10-14 - mild insulin resistance
- > 14 - insulin resistance

Insulin results from non-fasting samples are difficult to interpret although any result ≥ 60 mU/L is likely to indicate insulin resistance.

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SERUM VITAMIN B12

Request Number [SAMPLE]
Date Collected 24
Time Collected 07:50

B12 (150-750) pmol/L 369

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THYROID PROFILE

Specimen Type: Serum

TSH	1.6	mIU/L	(0.5-4.0)
FT4	15	pmol/L	(10-20)
FT3	5.0	pmol/L	(3.5-6.5)

Result(s) consistent with euthyroidism.

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Clinical notes

THYROID AUTOANTIBODIES

Specimen Type: Serum

Anti-Thyroidal Peroxidase Abs < 6.6 IU/mL (< 13.8)

Over 90% of patients with autoimmune thyroiditis show moderate to high levels of Anti-Thyroidal Peroxidase Abs (anti-TPO) with Anti-Thyroglobulin Abs (anti-Tg) also present in about 90% of such patients. Up to 75% of patients with Graves' hyperthyroidism show increased anti-TPO with anti-Tg present in 50-60%. Low levels of both anti-TPO and anti-Tg may be found in up to 10% of "normal" asymptomatic adults. In most cases of autoimmune thyroid disease increased anti-TPO is the predominant finding although a small proportion of patients show a predominant increase in anti-Tg.

There is no clinical indication to repeat Thyroid antibodies once diagnosis of autoimmune hypothyroidism has been made.

Please note that as of 10/04/25, Lavery Pathology changed to a reformulated Atellica Thyroid Peroxidase Antibody assay with an updated reference interval. Values from the new assay are not directly comparable to the previous method and differences in individual patient results may be observed. For further information, please contact a Chemical Pathologist at 02 9005 7605.

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Clinical notes

SERUM CHEMISTRY

Specimen Type: Serum

Haemolysis

Nil

Icterus

Nil

Lipaemia

Nil

Albumin

42 g/L (36-48)

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[Address Redacted]
[Suburb], [STATE]
Patient Phone: [Redacted]

Meditests Pty Ltd

Reported:
[Sample Date]
UR:
Lab: SAMPLE

DOB: --/--/---- Age: -- Sex: -

24/04/2026 07:39 AM Ref:

CUMULATIVE IRON STUDIES (Serum)

Collection Date: 24/04/26
Collection Time: 07:39
Lab No: [SAMPLE]
Ferritin: 40 ug/L (30 - 300)

[SAMPLE] Low-normal ferritin may indicate adequate iron stores, but iron deficiency is not excluded as co-existing inflammation or acute phase response may falsely raise ferritin. Correlate with clinical state.

Please note a change to the laboratory report format effective from 18/03/2026. The updated layout is intended to improve clarity and presentation of results.

- As ferritin is influenced by acute phase responses results in the lower-normal range (30-100) may not exclude iron deficiency.
- Ferritin levels >100 and < upper limit usually reflect adequate iron stores.
- Serum iron is useless in determining tissue iron stores.

Instrument: Siemens Atellica

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[Suburb], [STATE]
Patient Phone: [Redacted]

Meditests Pty Ltd

Reported:
[Sample Date]
UR:
Lab: SAMPLE

DOB: --/--/---- Age: -- Sex: -

: 24/04/2026 07:39 AM Ref:

25-HYDROXY VITAMIN D (serum)

SERUM VITAMIN D STUDY

-- 25-hydroxy Vitamin D **18** nmol/L (> 50)

Significant Vitamin D deficiency. Causes of Vit D deficiency include inadequate sun exposure, insufficient dietary sources, GIT disorder including coeliacs or malabsorptive conditions and some medications including anticonvulsants and theophylline.

Instrument: Diasorin Liaison

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[Suburb], [STATE]
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[Sample Date]
UR:
Lab: SAMPLE

DOB: --/--/---- Age: -- Sex: -

: 24/04/2026 07:39 AM Ref:

LIPIDS (Serum)

Date	Chol mmol/L (< 5.5)	Trig mmol/L (< 2.0)	HDL-C mmol/L (> 1.1)	LDL-C mmol/L (< 3.4)	Ratio (See) (Below)	Lab. No.
24/04/26 Fasting	3.7	1.1	1.4	1.8	2.6	[SAMPLE]

Coronary Risk Ratio Ref Values: Average = 4.4 Twice Average = 7.0

[SAMPLE] Non-HDL-cholesterol: 2.3 mmol/L (reference interval: < 4.1 mmol/L).

Lipid-related cutoffs are intended to identify patients who may benefit from overall cardiovascular risk assessment, and do not necessarily represent treatment initiation thresholds or targets, which should be individualised to the patient. See www.cvdcheck.org.au

Instrument: Siemens Atellica

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UR:
Lab: SAMPLE

DOB: --/--/---- Age: -- Sex: -

: 24/04/2026 07:39 AM Ref:

CUMULATIVE LIVER FUNCTION TEST (Serum)

Please note change in report format as of 14/12/2021

Collection Date: 24/04/26
Collection Time: 07:39
Lab No: [SAMPLE]

Bilirubin:	6	umol/L	(< 19)
Alk Phos:	83	U/L	(45 - 135)
Gamma GT:	16	U/L	(< 36)
ALT:	15	U/L	(< 36)
AST:	17	U/L	(< 31)
Albumin:	41	g/L	(36 - 48)
Protein:	68	g/L	(60 - 80)
Globulin Gap:	27	g/L	(20 - 32)

[SAMPLE] Notification:
Please note a change to reference intervals effective from 15/04/2026. These updates affect renal and liver function tests and align with nationally standardised ranges.

Instrument: Siemens Atellica

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[Address Redacted]
[Suburb], [STATE]
Patient Phone: [Redacted]

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Reported:
[Sample Date]
UR:
Lab: SAMPLE

DOB: --/--/---- Age: -- Sex: -

24/04/2026 07:39 AM Ref:

CUMULATIVE ELECTROLYTES (Serum)

Collection Date: 24/04/26
Collection Time: 07:39
Lab No: [SAMPLE]

Sodium:	138	mmol/L (135 - 145)
Potassium:	3.9	mmol/L (3.5 - 5.2)
Chloride:	104	mmol/L (95 - 110)
Bicarbonate:	27	mmol/L (22 - 32)
Urea:	3.9	mmol/L (3.0 - 9.0)
Creatinine:	61	umol/L (50 - 95)
eGFR:	> 90	mL/min/1.73m ²

EGFR by CKD-EPI formula (Med J Aust 2012; 197:222 -223).

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