

## Pathology Request Form

Reference number - 517471c0-6be0-4730-b752-a72894cacb84 Date: 03-04-2024	Patient name: Emily Chapman DOB: 21/09/1990 Gender: FEMALE Medicare/IHI Information: 6232166576-2 (Expiry: 06/2027) Address: 19 Coniston Place Trevallyn TAS 7250 Mobile: 0400271741
<b>Tests Required</b> Full thyroid panel: TSH, T4, T3, Thyroid antibodies, Reverse T3 •Iron studies •Vitamin B12 •Folate •Vitamin D •Serum Zinc •Morning cortisol, Urine Iodine test, FBC, EUC/LFTs, Fasting insulin, BGLs, HbA1c, Lipids including LDLs, female hormone panel.	
<b>Clinical Notes</b> family history of hashimotos , and hypothyroidism	<b>Additional Instructions for Patient</b> FASTING Bloods

**Kindly forward all relevant correspondence relating to this appointment via fax to +61280290784. Please note, our mailing address is not monitored and any physical mail will not be received.**

Yours faithfully,



Ms Ferdous Riazati  
5683262Y  
NMW0001311624