

PATIENT LAST NAME

GIVEN NAMES

MALE / FEMALE / UNKNOWN / OTHER

DATE OF BIRTH

FILE No.

PATIENT ADDRESS

Pound, Karla
375 W.Linsay Rd,
Wamuran. 4512

F 22/07/1988

889541678916

POSTCODE

0410726866

TESTS REQUESTED

FBC, CPR,E/LFTs; Iron Studies, B12 & folate, Zn, Red Cell Mg; TSH,;
DHEAs, FSH, LH, Oestrogen, Progesterone, Testosterone, & Free
Testo, SHBG; Vit D3,; Vitamin C (Special Process); Cortisol 8-9am
HbA1C

CLINICAL NOTES

FASTING

TEST ON DAY 21 OF JULY PERIOD

☐ SELF DETERMINED

☐ STANDARD PRECAUTIONS ☐ PRIVATE & CONFIDENTIAL ☐ CUMULATIVE REPORT

URGENT PHONE FAX BY TIME:

PHONE/FAX No:

QML Fee

S.F.

B.B. or D.B.

VET AFFAIRS No:

DOCTOR'S SIGNATURE AND REQUEST DATE

09/05/2024

COPY REPORTS TO:

REQUESTING DOCTOR (PROVIDER NUMBER, SURNAME, INITIALS, ADDRESS)

Dr Behnaz Barahmand
Suite 5.02, 107 Ferry Road,
Southport. 4215
Phone: 07 5646 5636
Provider Number: 4740566A

HOSPITAL/WARD

Was or will the patient be, at the time of the service or when the specimen is obtained: (✓ appropriate box)

- a. a private patient in a private hospital or approved day hospital facility ☐ yes ☐ no
b. a private patient in a recognised hospital ☐
c. a public patient in a recognised hospital ☐
d. an outpatient of a recognised hospital ☐

MEDICARE ASSIGNMENT

(Section 20A of the Health Insurance Act 1973)

I offer to assign my right to benefits to the approved pathology practitioner who will render the requested pathology service(s) and any eligible pathologist determinable service(s) established as necessary by the practitioner. In the alternate, I authorise that APP to submit my unpaid account to Medicare so that Medicare can assess my claim and issue me a cheque payable to the APP for the Medicare benefit.

X / /

Practitioner's Use Only

(Reason patient cannot sign)

PERSON DRAWING BLOOD

I certify that the blood specimen(s) accompanying this request was drawn from the patient named above. I established the identity of this patient by direct inquiry and/or inspection of wrist band and immediately upon the blood being drawn I labelled the specimen(s).

Signature

Collect Date	Coll. Time	Test Codes	Branch	Ref. No.	Lab. No.	Description & Containers	Collector
Received Date	Rec. Time	Attachments: Yes / No (please circle) If yes, no. of pages:	B/C	Clinic			

PATIENT LAST NAME

GIVEN NAMES

MALE / FEMALE / UNKNOWN / OTHER

DATE OF BIRTH

FILE No.

PATIENT ADDRESS

Pound, Karla
375 W.Linsay Rd,
Wamuran. 4512

F 22/07/1988

889541678916

POSTCODE

0410726866

TESTS REQUESTED

FBC, CPR,E/LFTs; Iron Studies, B12 & folate,
Zn, Red Cell Mg; TSH,; DHEAs, FSH, LH,
Oestrogen, Progesterone, Testosterone, & Free
Testo, SHBG; Vit D3,; Vitamin C (Special
Process); Cortisol 8-9am HbA1C

Learn about your tests
knowpathology.com.au

REQUESTING DOCTOR (PROVIDER NUMBER, SURNAME, INITIALS, ADDRESS)

Dr Behnaz Barahmand
Suite 5.02, 107 Ferry Road,
Southport. 4215
Phone: 07 5646 5636
Provider Number: 4740566A

USE OF PATIENT CONTACT INFORMATION ☐ I consent to my contact details (and no clinical information) being used by QML Pathology for marketing communication purposes. PATIENT SIGNATURE X DATE / /

PRIVACY NOTE: The information provided will be used to assess any Medicare benefit payable for the services rendered and to facilitate the proper administration of government health programs, and may be used to update enrolment records. Its collection is authorised by provisions of the Health Insurance Act 1973. The information may be disclosed to the Department of Health and Ageing or to a person in the medical practice associated with this claim, or as authorised/required by law.

Patient Name: POUND, KARLA
Patient Address: 119 JUBILEE POCKET RD, JUBILEE POCKET 4802
D.O.B: 22/07/1988
Medicare No.: 25851561561
Lab. Reference: 24-75889766-FHM-0
Addressee: DR MAURA B MCGILL

Gender: F
IHI No.:
Provider: QML Pathology
Referred by: MCGILL, DR. MAURA
BERNADETTE

Date Requested: 30/04/2024
Date Collected: 1/05/2024
Specimen:
Subject(Test Name): FERTILITY HORMONE MASTER
Clinical Information:

Date Performed: 1/05/2024
Complete: Final

CUMULATIVE FERTILITY HORMONES

Date	30/07/21	17/08/22	16/02/23	21/02/24	01/05/24
Time	12:10	00:00	08:40	06:54	08:27
Lab No	29892907	70412024	72268090	73888957	75889766

LH	5	4		5	2	IU/L
FSH	7	5	6	7	4	IU/L
E2	170	110	120	170	290	pmol/L
Prog	3	4	1	1	53	nmol/L
Testo.	0.9	0.7	0.6	0.6	0.8	nmol/L (0.4-2.1)
fTesto.c	9	7		7	6	pmol/L (4-22)
SHBG	70	82	86	59	104	nmol/L (18-114)

→ stop chicken
- Turel
- dech

Ranges:	Follicular Phase	Midcycle Peak	Luteal Phase	Post-Menopausal
LH	2 - 12	10 - 130	1 - 17	15 - 60
FSH	1 - 10	3 - 33	1 - 9	20 - 140
Oestradiol	70 - 530	230 - 1310	200 - 790	< 120
Progesterone	< 5	rising	20 - 110	< 3

Tests Completed: IRON STUDIES, TOTAL TESTOSTERONE, SHBG, PROGESTERONE, E2, LH
Tests Completed: FREE TESTOSTERONE, FSH, SE CORTISOL, FBC, SERUM FOLATE
Tests Completed: SERUM VITAMIN B12, SE E/LFT, SE C-REACTIVE PROTEIN, DHEAS
Tests Pending : SE VIT C, SE VIT D, FAECES OCP & M/C/S, FAECAL MULTIPLEX PCR

Patient Name: POUND, KARLA
Patient Address: 119 JUBILEE POCKET RD, JUBILEE POCKET 4802
D.O.B: 22/07/1988
Medicare No.: 25851561561
Lab. Reference: 24-75889766-DHE-0
Addressee: DR MAURA B MCGILL

Gender: F
IHI No.:
Provider: QML Pathology
Referred by: MCGILL, DR. MAURA
BERNADETTE

Date Requested: 30/04/2024
Date Collected: 1/05/2024
Specimen:
Subject(Test Name): DHE-S
Clinical Information:

Date Performed: 1/05/2024
Complete: Final

CUMULATIVE DEHYDROEPIANDROSTERONE-SULPHATE

Date	17/08/22	16/02/23	21/02/24	01/05/24
Time	00:00	08:40	06:54	08:27
Lab No	70412024	72268090	73888957	75889766

DHEAS	3.7	2.5	3.4	4.4	umol/L (0.5-9.0)
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DHEAS	1400	930	1200	1600	ng/mL (200-3300)	<u>2500</u>
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Tests Completed: FBC, DHEAS

Tests Pending : IRON STUDIES, TOTAL TESTOSTERONE, SHBG, PROGESTERONE, E2, LH

Tests Pending : FREE TESTOSTERONE, FSH, SE CORTISOL, SERUM FOLATE, SERUM VITAMIN B12

Tests Pending : SE E/LFT, SE VIT C, SE VIT D, SE C-REACTIVE PROTEIN

Tests Pending : FAECES OCP & M/C/S, FAECAL MULTIPLEX PCR

DHEA cap one man

Patient Name: POUND, KARLA
Patient Address: 119 JUBILEE POCKET RD, JUBILEE POCKET 4802
D.O.B: 22/07/1988
Medicare No.: 25851561561
Lab. Reference: 24-75889766-COR-0
Addressee: DR MAURA B MCGILL

Gender: F
IHI No.:
Provider: QML Pathology
Referred by: MCGILL, DR. MAURA
BERNADETTE

Date Requested: 30/04/2024

Date Performed: 1/05/2024

Date Collected: 1/05/2024

Complete: Final

Specimen:

Subject(Test Name): ADRENAL MASTER

Clinical Information:

ADRENAL STUDIES

Serum Cortisol

Collection time: 8:27 am

350-550
370 nmol/L

(220 - 720)

↳ Adren

Tests Completed: SE CORTISOL, FBC, DHEAS

Tests Pending : IRON STUDIES, TOTAL TESTOSTERONE, SHBG, PROGESTERONE, E2, LH

Tests Pending : FREE TESTOSTERONE, FSH, SERUM FOLATE, SERUM VITAMIN B12, SE E/LFT

Tests Pending : SE VIT C, SE VIT D, SE C-REACTIVE PROTEIN, FAECES OCP & M/C/S

Tests Pending : FAECAL MULTIPLEX PCR

Patient Name: POUND, KARLA
Patient Address: 119 JUBILEE POCKET RD, JUBILEE POCKET 4802
D.O.B: 22/07/1988
Medicare No.: 25851561561
Lab. Reference: 24-75889766-VD-0
Addressee: DR MAURA B MCGILL

Gender: F
IHI No.:
Provider: QML Pathology
Referred by: MCGILL, DR. MAURA
BERNADETTE

Date Requested: 30/04/2024
Date Collected: 1/05/2024
Specimen:
Subject(Test Name): VITAMIN D,SERUM
Clinical Information:

Date Performed: 1/05/2024
Complete: Final

CUMULATIVE SERUM VITAMIN D			
Date	17/08/22	21/02/24	01/05/24
Time	00:00	06:54	08:27
Lab No	70412024	73888957	75889766
Vitamin D3	189	127	177 nmol/L (> 49)

75889766

** Progress report.

Tests Completed: IRON STUDIES, TOTAL TESTOSTERONE, SHBG, PROGESTERONE, E2, LH
Tests Completed: FREE TESTOSTERONE, FSH, SE CORTISOL, FBC, SERUM FOLATE
Tests Completed: SERUM VITAMIN B12, SE E/LFT, SE VIT D, SE C-REACTIVE PROTEIN, DHEAS
Tests Pending : SE VIT C, FAECES OCP & M/C/S, FAECAL MULTIPLEX PCR

Patient Name: POUND, KARLA
Patient Address: 119 JUBILEE POCKET RD, JUBILEE POCKET 4802
D.O.B: 22/07/1988
Medicare No.: 25851561561
Lab. Reference: 24-75889766-BFM-0
Addressee: DR MAURA B MCGILL
Gender: F
IHI No.:
Provider: QML Pathology
Referred by: MCGILL, DR. MAURA BERNADETTE

Date Requested: 30/04/2024
Date Collected: 1/05/2024
Specimen:
Subject(Test Name): MASTER VITAMIN B12 FOLATE
Clinical Information:
Date Performed: 1/05/2024
Complete: Final

CUMULATIVE VITAMIN B12 AND FOLATE ASSAYS

Date 21/02/24 01/05/24
Time 06:54 08:27
Lab No 73888957 75889766

B12 Total	421	385	pmol/L	(162-811)
S.Fol.	32.5	47.8	nmol/L	(8.4-55.0)

Comment:
75889766

B12 spray

Serum Folate Assay:
Adequate Serum Folate.

In the absence of recent oral intake, a serum folate >13 nmol/L effectively rules out folate deficiency. Consider repeat fasting Folate, if there has been inadequate fasting, and clinical concern remains.

Serum Vitamin B12 Assay:
Essentially normal B12 levels, although liver disease if present may falsely elevate the level.

Methodology:
B12 and Active B12 (HoloTC) assays performed on Siemens Atellica analyser.

For Doctor clinical enquiries, please contact Dr Peter Davidson 07 3121 4444.
Patients should contact their referring doctor in regard to this result.

Tests Completed: IRON STUDIES, SE CORTISOL, FBC, SERUM FOLATE, SERUM VITAMIN B12
Tests Completed: SE E/LFT, SE C-REACTIVE PROTEIN, DHEAS
Tests Pending : TOTAL TESTOSTERONE, SHBG, PROGESTERONE, E2, LH, FREE TESTOSTERONE, FSH
Tests Pending : SE VIT C, SE VIT D, FAECES OCP & M/C/S, FAECAL MULTIPLEX PCR

Patient Name: POUND, KARLA
Patient Address: 119 JUBILEE POCKET RD, JUBILEE POCKET 4802
D.O.B: 22/07/1988
Medicare No.: 25851561561
Lab. Reference: 24-75889766-ISM-0
Addressee: DR MAURA B MCGILL

Gender: F
IHI No.:
Provider: QML Pathology
Referred by: MCGILL, DR. MAURA
BERNADETTE

Date Requested: 30/04/2024
Date Collected: 1/05/2024
Specimen:
Subject(Test Name): MASTER IRON STUDIES
Clinical Information:

Date Performed: 1/05/2024
Complete: Final

CUMULATIVE IRON STUDIES

Date	21/02/24	01/05/24		
Time	06:54	08:27		
Lab No	73888957	75889766		
Iron	17	30	umol/L	(10-33)
TIBC	50	55	umol/L	(45-70)
Saturation	34	55	%	(16-50)
Ferritin	106	86	ug/L	(25-290)

75889766 Comment:
Essentially normal iron stores.

Note: Any unusually high TIBC values in this setting may reflect states of high oestrogenic activity which may reflect liver disease in males or HRT/OCF use in females.

Tests Completed: IRON STUDIES, SE CORTISOL, FBC, SERUM FOLATE, SERUM VITAMIN B12
Tests Completed: SE E/LFT, SE C-REACTIVE PROTEIN, DHEAS
Tests Pending : TOTAL TESTOSTERONE, SHBG, PROGESTERONE, E2, LH, FREE TESTOSTERONE, FSH
Tests Pending : SE VIT C, SE VIT D, FAECES OCP & M/C/S, FAECAL MULTIPLEX PCR

Patient Name: POUND, KARLA
Patient Address: 119 JUBILEE POCKET RD, JUBILEE POCKET 4802
D.O.B: 22/07/1988
Medicare No.: 25851561561
Lab. Reference: 24-75889766-25T-0
Addressee: DR MAURA B MCGILL

Gender: F
IHI No.:
Provider: QML Pathology
Referred by: MCGILL, DR. MAURA
BERNADETTE

Date Requested: 30/04/2024
Date Collected: 1/05/2024

Date Performed: 1/05/2024
Complete: Final

Specimen:
Subject(Test Name): E/LFT (MASTER)
Clinical Information:

CUMULATIVE SERUM BIOCHEMISTRY						
Date	17/08/22	16/02/23	25/05/23	21/02/24	01/05/24	
Time	00:00	08:40	10:39	06:54	08:27	
Lab No	70412024	72268090	73014442	73888957	75889766	
	FASTING	RANDOM	FASTING	FASTING	FASTING	FASTING
Sodium		140	141	141	139	mmol/L (137-147)
Potass.		4.0	4.3	4.3	4.1	mmol/L (3.5-5.0)
Chloride		101	103	104	107	mmol/L (96-109)
Bicarb		32	28	27	28	mmol/L (25-33)
An.Gap		11	14	14	8	mmol/L (4-17)
Gluc		4.5	4.8	4.9	5.1	mmol/L (3.0-6.0)
Urea		6.8	5.3	4.0	4.4	mmol/L (2.0-7.0)
Creat		74	73	77	73	umol/L (40-110)
eGFR		> 90	> 90	86	> 90	mL/min (over 59)
Urate		0.35	0.26	0.35	0.22	mmol/L (0.14-0.35)
T.Bili		7	7	9	11	umol/L (2-20)
Alk.P		50	43	52	48	U/L (30-115)
GGT		12	12	14	15	U/L (0-45)
ALT		16	21	13	26	U/L (0-45)
AST		20	24	17	24	U/L (0-41)
LD		195	178	146	149	U/L (80-250)
Calcium		2.44	2.40	2.42	2.38	mmol/L (2.15-2.60)
Corr.Ca		2.37	2.36	2.38	2.26	mmol/L (2.15-2.60)
Phos		1.6	1.1	1.3	1.1	mmol/L (0.8-1.5)
T.Prot		65	69	65	70	g/L (60-82)
Alb		45	44	44	47	g/L (35-50)
Glob		20	25	21	23	g/L (20-40)
Chol		4.5	3.6	3.7	4.5	mmol/L (3.6-6.7)
Trig	0.5	1.5	0.6	0.6	1.1	mmol/L (0.3-2.2)
Lab No	70412024	72268090	73014442	73888957	75889766	
Date	17/08/22	16/02/23	25/05/23	21/02/24	01/05/24	

Tests Completed: SE CORTISOL, FBC, SE E/LFT, SE C-REACTIVE PROTEIN, DHEAS
Tests Pending : IRON STUDIES, TOTAL TESTOSTERONE, SHBG, PROGESTERONE, E2, LH
Tests Pending : FREE TESTOSTERONE, FSH, SERUM FOLATE, SERUM VITAMIN B12, SE VIT C
Tests Pending : SE VIT D, FAECES OCP & M/C/S, FAECAL MULTIPLEX PCR

Patient Name: POUND, KARLA
Patient Address: 119 JUBILEE POCKET RD, JUBILEE POCKET 4802
D.O.B: 22/07/1988
Medicare No.: 25851561561
Lab. Reference: 24-75889766-CRP-0
Addressee: DR MAURA B MCGILL

Gender: F
IHI No.:
Provider: QML Pathology
Referred by: MCGILL, DR. MAURA
BERNADETTE

Date Requested: 30/04/2024

Date Performed: 1/05/2024

Date Collected: 1/05/2024

Complete: Final

Specimen:

Subject(Test Name): C REACTIVE PROTEIN

Clinical Information:

CUMULATIVE SERUM COMPLEMENT AND C-REACTIVE PROTEIN (CRP)

Date	21/02/24	01/05/24
Time	06:54	08:27
Lab No	73888957	75889766

CRP < 5 < 5 mg/L(0-6)

C-reactive protein (CRP) is a non-specific indicator of tissue damage.

The level rises rapidly (within 6-10 hours) after tissue injury, peaks at 48-72 hours and returns to normal within a few days. Common causes of markedly increased CRP include infection (particularly bacterial), trauma, surgery, myocardial infarction, many malignancies and inflammatory disorders.

Tests Completed: SE CORTISOL, FBC, SE E/LFT, SE C-REACTIVE PROTEIN, DHEAS
Tests Pending : IRON STUDIES, TOTAL TESTOSTERONE, SHBG, PROGESTERONE, E2, LH
Tests Pending : FREE TESTOSTERONE, FSH, SERUM FOLATE, SERUM VITAMIN B12, SE VIT C
Tests Pending : SE VIT D, FAECES OCP & M/C/S, FAECAL MULTIPLEX PCR

Patient Name: POUND, KARLA
Patient Address: 119 JUBILEE POCKET RD, JUBILEE POCKET 4802
D.O.B: 22/07/1988 **Gender:** F
Medicare No.: 25851561561 **IHI No.:**
Lab. Reference: 24-75889766-CBC-0 **Provider:** QML Pathology
Addressee: DR MAURA B MCGILL **Referred by:** MCGILL, DR. MAURA
BERNADETTE

Date Requested: 30/04/2024 **Date Performed:** 1/05/2024
Date Collected: 1/05/2024 **Complete:** Final
Specimen:
Subject(Test Name): MASTER FULL BLOOD COUNT
Clinical Information:

CUMULATIVE FULL BLOOD EXAMINATION

Date	16/02/23	25/05/23	21/02/24	01/05/24
Time	08:40	10:39	06:54	08:27
Lab No	72268090	73014442	73888957	75889766
Hb	114	134	124	132 g/L (115-160)
RCC	3.7	4.4	4.0	4.3 x10 ^12 /L (3.6-5.2)
Hct	0.35	0.41	0.37	0.40 (0.33-0.46)
MCV	97	94	93	94 fL (80-98)
MCH	31	31	31	31 pg (27-35)
Plats	148	235	265	193 x10 ^9 /L (150-450)
WCC	6.5	5.9	4.2	4.4 x10 ^9 /L (4.0-11.0)
Neuts	3.1	2.6	2.0	56 % 2.5 x10 ^9 /L (2.0-7.5)
Lymphs	2.3	2.4	1.7	32 % 1.4 x10 ^9 /L (1.1-4.0)
Monos	0.5	0.5	0.2	7 % 0.3 x10 ^9 /L (0.2-1.0)
Eos	0.52	0.35	0.21	4 % 0.18 x10 ^9 /L (0.04-0.40)
Basos	0.07	0.06	0.04	1 % 0.04 x10 ^9 /L (< 0.21)

75889766 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, TOTAL TESTOSTERONE, SHBG, PROGESTERONE, E2, LH
Tests Pending :FREE TESTOSTERONE, FSH, SE CORTISOL, SERUM FOLATE, SERUM VITAMIN B12
Tests Pending :SE E/LFT, SE VIT C, SE VIT D, SE C-REACTIVE PROTEIN
Tests Pending :FAECES OCP & M/C/S, FAECAL MULTIPLEX PCR, DHEAS

Patient Name: POUND, KARLA
Patient Address: 119 JUBILEE POCKET RD, JUBILEE POCKET 4802
D.O.B: 22/07/1988
Medicare No.: 25851561561
Lab. Reference: 24-75889766-FMZ-0
Addressee: DR MAURA B MCGILL

Gender: F
IHI No.:
Provider: QML Pathology
Referred by: MCGILL, DR. MAURA
BERNADETTE

Date Requested: 30/04/2024
Date Collected: 1/05/2024
Specimen:
Subject(Test Name): FAECES OCP AND M/C/S
Clinical Information:

Date Performed: 1/05/2024
Complete: Final

FAECES FOR EXAMINATION
APPEARANCE: Semi-formed
MICROSCOPY
No ova, cysts or parasites seen

CULTURE
No bacterial pathogens isolated

Tests Completed: IRON STUDIES, TOTAL TESTOSTERONE, SHBG, PROGESTERONE, E2, LH
Tests Completed: FREE TESTOSTERONE, FSH, SE CORTISOL, FBC, SERUM FOLATE
Tests Completed: SERUM VITAMIN B12, SE E/LFT, SE VIT D, SE C-REACTIVE PROTEIN
Tests Completed: FAECES OCP & M/C/S, FAECAL MULTIPLEX PCR, DHEAS
Tests Pending : SE VIT C

Patient Name: POUND, KARLA
Patient Address: 119 JUBILEE POCKET RD, JUBILEE POCKET 4802
D.O.B: 22/07/1988
Medicare No.: 25851561561
Lab. Reference: 24-75889766-FMP-0
Addressee: DR MAURA B MCGILL
Gender: F
IHI No.:
Provider: QML Pathology
Referred by: MCGILL, DR. MAURA
BERNADETTE

Date Requested: 30/04/2024
Date Collected: 1/05/2024
Specimen:
Subject(Test Name): FAECAL MULTIPLEX PCR
Clinical Information:
Date Performed: 1/05/2024
Complete: Final

FAECAL MULTIPLEX PCR

Parasites

Entamoeba histolytica DNA	Not Detected
Giardia species DNA	Not Detected
Dientamoeba species DNA	Not Detected
Cryptosporidium species DNA	Not Detected
Blastocystis species DNA	Not Detected

Bacteria

Yersinia enterocolitica DNA	Not Detected
Campylobacter species DNA	Not Detected
Shigella species DNA	Not Detected
Salmonella species DNA	Not Detected
Aeromonas species DNA	Not Detected

Tests Completed: IRON STUDIES, TOTAL TESTOSTERONE, SHBG, PROGESTERONE, E2, LH
Tests Completed: FREE TESTOSTERONE, FSH, SE CORTISOL, FBC, SERUM FOLATE
Tests Completed: SERUM VITAMIN B12, SE E/LFT, SE VIT D, SE C-REACTIVE PROTEIN
Tests Completed: FAECAL MULTIPLEX PCR, DHEAS
Tests Pending : SE VIT C, FAECES OCP & M/C/S

Patient Name: POUND, KARLA
Patient Address: 119 JUBILEE POCKET RD, JUBILEE POCKET 4802
D.O.B: 22/07/1988
Gender: F
Medicare No.: 25851561561
IHI No.:
Lab. Reference: 24-75889766-VC-0
Provider: QML Pathology
Addressee: DR MAURA B MCGILL
Referred by: MCGILL, DR. MAURA
BERNADETTE

Date Requested: 30/04/2024
Date Performed: 1/05/2024
Date Collected: 1/05/2024
Complete: Final
Specimen:
Subject(Test Name): VITAMIN C, SERUM
Clinical Information:

— 86

Serum Vitamin C

50 umol/L

(10-115)

Tests Completed: IRON STUDIES, TOTAL TESTOSTERONE, SHBG, PROGESTERONE, E2, LH
Tests Completed: FREE TESTOSTERONE, FSH, SE CORTISOL, FBC, SERUM FOLATE
Tests Completed: SERUM VITAMIN B12, SE E/LFT, SE VIT C, SE VIT D, SE C-REACTIVE PROTEIN
Tests Completed: FAECES OCP & M/C/S, FAECAL MULTIPLEX PCR, DHEAS
Tests Pending :

Brickworks Medical Clinic

Suite 5.02, 107 Ferry Road

Southport QLD 4218

Ph: (07) 5646 5636

ABN: 84 076 528 197

Fax: (07) 5531 4122

MISS KARLA POUND
375 W.LINSAY RD
WAMURAN QLD 4512

Issue Date: 9/05/2024

Invoice Number: 67347CILLA

TAX INVOICE/RECEIPT

Service Provider: Behnaz Barahmand Provider No: 4740566A (Locum for Dr Maura McGill)

Patient Name	Visit Date	Item No	Description	Fees	GST	Amount Paid Incl.GST
POUND KARLA	9/05/2024	PHONE	Phone Consult	\$197.00	\$0.00	\$197.00
Total Excluding GST				\$197.00		\$197.00
Total Including GST				\$197.00		\$197.00
Previous Amount Owing				\$0.00		

Payment Receipt Number: 68101

Type	Name	Amount Received
EFTPOS Manual		\$197.00
Total Amount Received		\$197.00
BALANCE OUTSTANDING		\$0.00
PER		

Thank you for your visit today! We hope to see you in the future!