

Lab ID 944299205

DOB 08/07/1987 (37 Yrs FEMALE)

Referrer Dr Kathleen Calder

Your ref.

Address OCHRE MEDICAL CENTRE UNIT 66 10-12 LONSDALE STREET  
BRADDON ACT 2612

Address 8 ATKINSON ST  
COOK ACT 2614

Phone 0261710130

Phone 0423515505

Copy to

Requested 05/09/2024

Clinical Notes hypothyroid, symptomatic

Collected 18/10/2024 08:50

Received 18/10/2024 08:50

THYROID FUNCTION TESTS

Test Name	Result	Units	Reference Interval	Comment
Free T4	14.8	pmol/L	9.0 - 19.0	
● TSH	0.009 L	mIU/L	0.40 - 3.5	LOW
Free T3	3.4	pmol/L	2.6 - 6.0	

AD

NATA ACCREDITATION NO 3448

18-10-2024 12:29

CORTISOL STUDIES

Cortisol (am) 314 100 - 535 nmol/L

CA

NATA ACCREDITATION NO 3448

18-10-2024 12:03

HORMONE ASSAYS

DHEAS 5.1 umol/L (1.7-11.5)  
(0.8-6.6) Premenopause  
Post Menopause

For interpretation of results, please refer to the printed ranges.

CA

NATA ACCREDITATION NO 3448

18-10-2024 12:02

Referrer	Dr Kathleen Calder	Lab ID	944299205	DOB	08/07/1987 (37 Yrs FEMALE)
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