

Referrer **Dr Ciara L Ross**

Address **CIARA ROSS MEDICAL 24 EYRE PL
ERAKALA QLD 4740**

Phone

Lab ID **687147337**

DOB **13/05/1996 (27 Yrs FEMALE)**

Your ref.

Address **193 BADGER WALES ROAD
MIA MIA QLD 4754**

Phone **0429843125**

Copy to **Dr Naguesh S Naik Gaunekar (0749421199)**

Requested **31/08/2023**

Clinical Notes **27yo G1P0 kv5 EDD 04/05/24**

Collected **02/09/2023 10:19**

Received **02/09/2023 10:20**

Thyroid Function Tests

Test Name	Result	Units	Reference Interval
TSH	0.8	mIU/L	0.3 - 3.5

Comments

TSH reference intervals for patients not on therapy are as follows:

Gestation (weeks)	TSH (mIU/L)	fT4 (pmol/L)
<6	0.4-3.2	11-17
6-12	0.1-2.8	11-19
12-18	0.1-2.5	10-16
18-Term	0.3-2.9	9-14

It is recommended that patients on thyroxine replacement planning a pregnancy or already pregnant should aim for a TSH level <2.6 mIU/L.

EA

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Reported on **03-09-2023 17:02**

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HIV 1/2 Serology

HIV Ag/Ab **Negative**

Comments

HIV-1/HIV-2 antigen/antibody assay performed by Abbott CMIA.

Approximately 50-90% of patients report signs and symptoms suggestive of primary HIV infection at the time of seroconversion, which mostly occurs at 10-14 days after exposure (range 3 days to 10 weeks). Onset of symptoms often coincides with the detection of HIV antigen/antibodies although testing can be negative for up to 3 weeks after symptoms develop. Negative results performed less than 12 weeks after exposure should be repeated at least 12 weeks after exposure to exclude transmission.

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Hepatitis Serology

HepB surface antigen	Negative
HepC-IgG antibody	Negative

Comments

Hepatitis C IgG may not appear for up to six (6) months after primary infection.
If this is acute phase serum, suggest repeat at a suitable interval.

No evidence of active Hepatitis B infection. If this is an acute sample then retesting in 60-90 days (range 45-180 days) post exposure is indicated.

For further information on serological events in acute (self-limiting) Hepatitis B infection see
<http://protocols.sonichealthcare.com/shared/IP129.pdf>

Hep B Serological Events (Hep B 1)

<http://protocols.sonichealthcare.com/shared/IP129.pdf>

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Gonadal Hormones

Progesterone 46 nmol/L

Reference Limits	Progesterone nmol/L
Follicular	<0.5 - 2.5
Mid-Cycle	2.5 - 12.0
Luteal	12.0 - 90.0
Menopausal	<2.2
OCP	<1.5

MB

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Haematology

Test Name	Result	Units	Reference Interval
Haemoglobin	141	g/L	115 - 165 #
Haematocrit	0.44		0.35 - 0.47 #
Red cell count	4.6	10 ¹² /L	3.9 - 5.6 #
MCV	95	fL	80 - 100 #
White cell count	9.6	10 ⁹ /L	3.5 - 12.0 #
Neutrophils	6.84	10 ⁹ /L	1.5 - 8.0 #
Lymphocytes	2.00	10 ⁹ /L	1.0 - 4.0 #
Monocytes	0.73	10 ⁹ /L	0 - 0.9 #
Eosinophils	0.04	10 ⁹ /L	0 - 0.6 #
Basophils	0.03	10 ⁹ /L	0 - 0.15 #
Platelets	302	10 ⁹ /L	150 - 400 #

HA

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Blood Bank Serology

Blood Group **O Rh(D) Positive**

Antibody Screen **Negative**

Comments

It is recommended all women irrespective of RhD type should also have a blood group and IAT antibody screen performed at 28 weeks.

BA

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Urine - Microscopy/Culture/Sensitivity

Specimen type	Urine		
pH	7		
Protein	Nil		
Glucose	Nil		
Specific Gravity	1.009	1.005 - 1.030	
Leucocytes	<10	<10	x 10 ⁶ /L
Erythrocytes	<10	<20	x 10 ⁶ /L
Squam Epi Cells	<10		x 10 ⁶ /L
Culture	No pathogens isolated		

MICROAB

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Varicella zoster Serology

Varicella zoster IgG (CLIA) Positive

Comments

Immune status: Positive

If clinical illness is suspected Varicella zoster is best diagnosed by swabbing the base of a lesion firmly for detection of VZV DNA by PCR (plain black dry swab).

SA

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Syphilis Serology

Syphilis (CMIA) Screen Negative

Comments

No treponemal antibodies detected.
The Syphilis TP Chemiluminescent Microparticle Immunoassay (CMIA) is a screening test for T.pallidum antibodies.

This result may indicate:
1. no exposure to T.pallidum.
2. very early primary syphilis. If risk factors exist a further sample should be tested in 2-3 weeks. In symptomatic patients, a swab of mucocutaneous lesions for the detection of T.pallidum DNA by PCR may be positive before antibody production commences.

Repeat antenatal syphilis screening for high risk subjects should be considered at 28-32 weeks gestation and at delivery.

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Rubella Serology

Rubella IgG	32	IU/mL
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Comments

Rubella IgG antibody detected suggesting past exposure or response to immunisation.
This level of antibody is consistent with a protective level of immunity.

During pregnancy, if rubella contact has occurred, please notify the laboratory to arrange rubella IgM testing on the current sample and send a further serum 3-4 weeks after last contact or as soon as illness develops to exclude the low risk of rubella reinfection.

Rubella IgG Interpretation

Negative:	<5.0 IU/mL
Grayzone:	5.0-9.9 IU/mL
Low Positive:	10-20 IU/mL
Positive:	>20 IU/mL

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