

Patient Name

SAMPLE

Patient Date of Birth

dd/mm/yyyy

Test Analysis

SAMPLE

Date Completed



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The Full Blood Examination

BLOOD - EDTA	Result	Range	Units	
ESR	1	0 - 20	mm/h	
FULL BLOOD EXAMINATION				
HAEMOGLOBIN	115	110 - 150	g/L	
Erythrocytes	4.3	4.2 - 5.6	10 ¹² /L	
Mean Cell Volume	83.0	78.0 - 98.0	fL	
Mean Cell Hb	29.0	26.0 - 34.0	pg	
MCHC	43.0 *H	31.0 - 37.0	pg/fL	
Haematocrit	39.0	35.0 - 47.0	%	
PLATELETS	170	150 - 450	10 ⁹ /L	
LEUCOCYTES	6.0	4.0 - 11.0	10 ⁹ /L	
Neutrophils	3.0	2.0 - 7.5	10 ⁹ /L	
Lymphocytes	4.0	1.0 - 4.0	10 ⁹ /L	
Monocytes	0.9	0.0 - 1.0	10 ⁹ /L	
Eosinophils	0.6	0.0 - 0.6	10 ⁹ /L	
Basophils	0.0	0.0 - 0.2	10 ⁹ /L	

Kidney Function & Liver Function Screen

BLOOD - SERUM	Result	Range	Units	
UEC (Renal)				
SODIUM	136	135 - 145	mmol/L	
POTASSIUM	5.4	3.5 - 5.5	mmol/L	
CHLORIDE	97	95 - 108	mmol/L	
BICARBONATE	25	21 - 32	mmol/L	
UREA	3.6	2.8 - 7.6	mmol/L	
CREATININE (mmol/L)	0.06	0.04 - 0.10	mmol/L	
Creatinine	60	40 - 100	umol/L	
Estimated GFR	88	> 60	ml/min	

eGFR : >= 60 mL/min/1.73 sq.m - Does not exclude mild renal impairment, or kidney diseases without renal impairment.

LIVER FUNCTION TESTS

BILIRUBIN (TOTAL)	14	2 - 20	umol/L	
ALP	52	45 - 125	units/L	
GGT	46 **H	5 - 39	units/L	
ALT	48	10 - 50	units/L	
AST	30	10 - 50	units/L	
PROTEIN - TOTAL	73	60 - 83	g/L	
ALBUMIN	42	35 - 50	g/L	

LFT Comment

GAMMA-GLUTAMYLTRANSFERASE COMMENT:

GGT elevation is sensitive, but non-specific, for hepatobiliary diseases. Biliary obstruction can be intrahepatic, extrahepatic or infiltrative. Microsomal GGT can also be induced by many drugs (phenytoin etc.) and ETOH, this change is reversable.

(*) Result outside normal reference range

(H) Result is above upper limit of reference rang

(**) Result is critically abnormal





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Iron Status Screen

BLOOD - SERUM

IRON STUDIES

IRON

TRANSFERRIN

Transferrin Saturation

FERRITIN

Result	Range	Units
11.0	9.0 - 27.0	umol/L
3.2	2.0 - 3.6	g/L
19 *L	20 - 50	%
25	22 - 275	ng/mL



(*) Result outside normal reference range

(L) Result is below lower limit of reference range



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Cardiovascular Basic Screen

LIPIDS

CHOLESTEROL	5.6 *H	0.0 - 5.5	mmol/L	
TRIGLYCERIDES	1.9 *H	0.2 - 1.5	mmol/L	

LIPID STUDIES

HDL(Protective)	0.9 *L	> 1.2	mmol/L	
LDL(Atherogenic)	4.8 *H	0.5 - 3.5	mmol/L	
Cholesterol/HDL Ratio	6.2			
LDL/HDL RATIO (Risk Factor)	4.3 *H	0.0 - 3.2		
Trig/HDL Ratio	2.1 *H	0.5 - 1.7	RATIO	

Lipid Profile Comment

CHOLESTEROL COMMENT:

For secondary prevention, total cholesterol Treatment Target is <4.0 mmol/L
 Triglycerides Treatment Target <2.0 mmol/L
 HDL Treatment Target Value >1.0 mmol/L

ELEVATED TRIGLYCERIDES LEVEL:

Reflects severity of CVD and tied to atherosclerotic stroke and transient ischemic attacks.

LDL-CHOLESTEROL COMMENT:

As there is an elevated LDL level, we suggest a Liposcreen (LDL Subfractions) Test to determine the presence of small, dense (highly atherogenic) LDLs which are a primary cause of Coronary Artery Disease (CAD).
 The LDL subtypes are not detectable through conventional Lipid Profiles.

TRIG/HDL RATIO COMMENT:

HDL is closely related to triglycerides. Commonly, patients with elevated triglycerides also have low HDL levels, and also tend to have elevated levels of clotting factors in their blood stream, which is unhealthy in protecting against heart disease.

The triglyceride/HDL ratio is found to be one of the better predictors of heart disease. Research shows that people with an elevated ratio of triglycerides to HDL have 16 times the risk of heart attack as those with the low/normal.

Therefore, in adults, the triglyceride/HDL ratio should ideally be below 2.0 .

TRIG/HDL Reference Range:

< 0.9	Considered ideal	(minimal risk)
> 1.7	High	(moderate risk)
> 2.6	Very High	(high risk)

Complete Thyroid Screen

BLOOD - SERUM	Result	Range	Units	
THYROID FUNCTION TESTS				
TSH	6.70 *H	0.50 - 5.00	mIU/L	
FREE T4	13.0	11.0 - 21.0	pmol/L	
FREE T3	2.6 *L	3.1 - 6.0	pmol/L	

(*) Result outside normal reference range

(H) Result is above upper limit of reference rang (L) Result is below lower limit of reference range



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THYROID TEST COMMENTS

There are differing views regarding reference ranges of TSH. New reference ranges using populations without thyroid disease suggest that the optimal TSH range for thyroid function should be 0.5-2.0mIU/L. However it should be noted that this laboratory shall continue to report a normal reference range of 0.5 - 5.0 mIU/L.

FREE T4 and FREE T3

Free T4 and T3 represent bioactive portion of thyroid hormone. The test results can identify functional or subclinical hyper- and hypothyroidism and overt hypo- and hyperthyroidism. T4 converts to active T3 or inactive rT3.

LOW FT3 LEVEL:

A low T3 level may indicate overt hypothyroidism. Treatment is indicated.

If T3 levels are in the lower part of the reference range, whilst T4 is normal, this may indicate decreased deiodinase activity.

Treatment Considerations:

If T4 is low or low normal, treat as per protocols for low T4

If T4 is normal follow the suggestions below to enhance T4 to T3 conversion

If patient is currently on L-thyroxine, consider a thyroid medication that contains both T4 and T3.

If patient is not currently on L-thyroxine, consider T3 therapy if nutritional, hormonal and lifestyle therapies are not adequate.

Selenium, Iron, Zinc

Vitamins A, B2, B6 and B12

Tyrosine

Potassium, Copper, Chromium

Consider therapy with Withania. Assess and treat high levels of reverse T3

Assess and treat cortisol and/or estrogen excess

Consider implementing the following dietary and lifestyle factors:

Balance protein levels; decrease if excessive and increase if inadequate

Reduce excessive consumption of soy products, cruciferous vegetables, walnuts and alcohol

Reduce excessive exercise

Increase calorie intake if patient is on a calorie restrictive diet

Purify water, Fluoride may interfere with T3 production