

## Patient Referral Form

- Barrie  Mid-Toronto  Brampton  Etobicoke  Markham  Oakville  Thornhill

### PATIENT INFORMATION:

Name:	THORPE JULIA CHART#:	DOB:
	HIN:2B39378872 KW SEX:F DOB:1967-12-16	(dd/mm/yyyy)
Health Ca		Uninsured Specify:
Address:	185 kennedy rd s brampton,ON L6W 3L3 Home: 647 781 2233	(unit)
(city)		(e-mail address)
(home #)	(work # with extension)	(other #)

### DIABETES/ENDOCRINOLOGY PLEASE SPECIFY:

<input checked="" type="checkbox"/> Diabetes <input type="checkbox"/> Type 1 <input checked="" type="checkbox"/> Type 2+ <input type="checkbox"/> GDM	<input type="checkbox"/> FPG, A1C, Lipids, Renal Function, uACR
<input type="checkbox"/> Newly Diagnosed Diabetes Rapid Triage (1-2 weeks)	<input type="checkbox"/> FPG, A1C, Lipids, Renal Function, uACR

### The following investigations would be helpful:

Consultation & shared care       Consultation only

<input type="checkbox"/> Thyroid	<input type="checkbox"/> Thyroid function, Relevant imaging
<input type="checkbox"/> Osteoporosis	<input type="checkbox"/> BMD report <2 years, other relevant labs
<input checked="" type="checkbox"/> Lipids	<input type="checkbox"/> TC, LDL, HDL (<3 months), A1C
<input type="checkbox"/> PCOS	<input type="checkbox"/> LH, FSH, estrogen, testosterone, A1C
<input type="checkbox"/> Other (please specify):	

### Notes:

### Current Medications:

→ Untreated Dm  
→ Lab - Enclosed

- Met-Cardiazolin, Fenta

Admet 15.

Referring Physician Billing #:

Referred By: Afem

Referring Physician Signature:

Date:

02/24

25/10/24

CHEM11

**Thyroid Stimulating Hormone (TSH)**

Thyroid Stimulating Hormone	1.49	0.32-4.00	mIU/L	2025-10-22 16:01:33	F
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MICRO3

**Urine Culture**

Specimen Source	MIDSTREAM URINE	2025-10-23 20:35:32	F	5687
Collection Date	22-OCT-2025	2025-10-23 20:35:32	F	
Collection Time	10:36	2025-10-23 20:35:32	F	
Culture Status	Final	2025-10-23 20:35:32	F	
Culture Report	Urine Culture NO SIGNIFICANT GROWTH; organism(s) recovered in low numbers.	2025-10-23 20:35:32	F	

5407 - KENNEDY 6560 Kennedy Road Mississauga Ontario L5T 2X4 Canada B

5687 - LifeLabs 100 International Blvd. Toronto Ontario M9W 6J6 Canada B

**CHEM4**

Results indicate mild to moderate CKD. If this is the first result with an eGFR <60, confirm results with repeat eGFR at least 3 months later. A urine ACR measurement is required to stage CKD and further evaluate risk of renal failure. Once results have been confirmed:

If urine ACR >60, 5-year KFRE >=5%, or eGFR declines >5ml/min/1.73m<sup>2</sup> over a 6 month period, refer to nephrology.

If eGFR remains between 30 and 59ml/min/1.73m<sup>2</sup> and declines <5ml/min/1.73m<sup>2</sup> over a 6 month period measure eGFR and urine ACR every 6 months, or annually if eGFR is stable for >=2 years.

See the KidneyWise toolkit ([kidneywise.ca](http://kidneywise.ca)) for management recommendations and additional indications that may warrant referral to nephrology in the future.

Reference interval: >=60 mL/min/1.73m<sup>2</sup>

eGFR is calculated using the CKD-EPI 2021 equation which does not use a race-based adjustment.

**CHEM6****Lipid Assessment**

Hours After Meal	0		Hours	2025-10-22 15:40:27	F
Triglyceride	2.66	H	mmol/L	2025-10-22 15:40:27	F
	FASTING: <1.70 mmol/L NON-FASTING: <2.00 mmol/L				
Cholesterol	3.37	<5.20	mmol/L	2025-10-22 15:40:27	F
	Total cholesterol and HDL-C used for risk assessment and to calculate non HDL-C.				
HDL Cholesterol	0.91	L >=1.30	mmol/L	2025-10-22 15:40:27	F
	HDL-C <1.30 mmol/L indicates risk for metabolic syndrome.				
Non HDL Cholesterol	2.46	<4.20	mmol/L	2025-10-22 15:40:27	F
	Non HDL-Cholesterol is not affected by the fasting status of the patient.				
LDL Cholesterol	1.48	<3.50	mmol/L	2025-10-22 15:40:27	F
	LDL-C is calculated using the NIH equation.  For additional LDL-C and non-HDL-C thresholds based on risk stratification, refer to 2021 CCS Guidelines. Can J Cardiol. 2021;37(8):1129-1150.				
Cholesterol/HDL Cholesterol	3.7			2025-10-22 15:40:27	F
	Cholesterol/HDL-C is not included in the 2021 CCS guideline as a lipid initiation or treatment target but is recognized as an indicator of high CVD risk at Cholesterol/HDL-C ratio >6.0				

**CHEM4**

Specimen Number	Result	Normal Range	Unit	Date	Entered By
Glucose Random	14.9	H 3.6 - 7.7	mmol/L	2025-10-22 15:40:27	F
		Provisional diagnosis of diabetes mellitus is indicated in the presence of symptoms of diabetes plus a random glucose greater than or equal to 11.1 mmol/L. If asymptomatic, a repeat confirmation test using Fasting Glucose, HbA1c or 75g OGTT must be done.			
Alkaline Phosphatase	109	35-120	U/L	2025-10-22 15:40:27	F
Alanine Aminotransferase	28	<36	U/L	2025-10-22 15:40:27	F
<b>Hemoglobin A1c</b>					
Hemoglobin A1C/Total Hemoglobin	8.4	H <6.0	%	2025-10-22 16:23:47	F
		Diabetes Canada 2018 Guidelines:			
		Screening and Diagnosis: < 5.7 % Normal 5.7% - 5.9 % At risk 6.0% - 6.4 % Prediabetes >OR= 6.5 % Diabetes Mellitus***			
		***Regarding diagnosis: in the absence of symptomatic hyperglycemia, if a single laboratory test result is in the diabetes range, a repeat confirmatory laboratory test (FPG, A1C, 2hPG in a 75 g OGTT) must be done on another day for diagnosis confirmation.			
		Monitoring: <OR= 7.0 % Target in adults without comorbidities. Other targets may be more appropriate in children, elderly and patients with comorbidities.			
		Results may not accurately reflect mean blood glucose in patients with hemoglobin variants, disorders associated with abnormal erythrocyte turnover, severe renal and liver disorders.			

**Creatinine/GFR**

Creatinine	100	50-100	umol/L	2025-10-22 15:40:27	F
Glomerular Filtration Rate (eGFR)	57	A See below		2025-10-22 15:40:27	F

Patient Name:	JULIA MAY THORPE	Home Phone:	(647) 781-2233	Date of Service:	2025-10-22 10:36:00
Date of Birth:	1967-12-16	Work Phone:		Date Received:	2025-10-23 22:00
Age:	57 years	Sex:	F	Report Status:	complete
Health #:	2639378872	Patient Location:	LIFELABS ONTARIO	Client Ref. #:	85466

Requesting Client: MOHAMMED ALAM

cc: Client: MOHAMMED ALAM, JONATHAN PINTO

**HAEM1****Complete Blood Count**

WBC	8.0	4.0 - 11.0	x E9/L	2025-10-22 14:21:29	F	5407
RBC	4.57	4.00 - 5.10	x E12/L	2025-10-22 14:21:29	F	
Hemoglobin	137	120- 160	g/L	2025-10-22 14:21:29	F	
Hematocrit	0.418	0.350 - 0.450	L/L	2025-10-22 14:21:29	F	
MCV	92	80 - 100	fL	2025-10-22 14:21:29	F	
MCH	30.0	27.5 - 33.0	pg	2025-10-22 14:21:29	F	
MCHC	328	305 - 360	g/L	2025-10-22 14:21:29	F	
RDW	13.0	11.5 - 14.5	%	2025-10-22 14:21:29	F	
Platelets	267	150 - 400	x E9/L	2025-10-22 14:21:29	F	
Neutrophils	5.3	2.0 - 7.5	x E9/L	2025-10-22 14:21:29	F	
Lymphocytes	1.7	1.0 - 3.5	x E9/L	2025-10-22 14:21:29	F	
Monocytes	0.4	0.2 - 1.0	x E9/L	2025-10-22 14:21:29	F	
Eosinophils	0.5	0.0 - 0.5	x E9/L	2025-10-22 14:21:29	F	
Basophils	0.0	0.0 - 0.2	x E9/L	2025-10-22 14:21:29	F	
Immature Granulocytes	0.0	0.0 - 0.1	x E9/L	2025-10-22 14:21:29	F	
Nucleated RBC	0		/100 WBC	2025-10-22 14:21:29	F	

**CHEM1**

Vitamin B12	230	>220	pmol/L	2025-10-22 15:53:32	F
>220 pmol/L: Normal, deficiency unlikely 150-220 pmol/L: Borderline, deficiency is possible <150 pmol/L: Low, consistent with deficiency					

Ferritin	154		ug/L	2025-10-22 16:01:43	F
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In absence of concomitant inflammation, Ferritin levels can be interpreted as follows:

30-50 ug/L: Probable iron deficiency  
 51-100 ug/L: Possible iron deficiency, if risk factors are present  
 101-300 ug/L: Iron deficiency unlikely  
 =>600 ug/L: Consider test for iron overload

In patients with concomitant inflammation, use Iron Studies, including TIBC and Transferrin Saturation, to assess Iron Deficiency status.

For guidance, see [www.hemequity.com/raise-the-bar](http://www.hemequity.com/raise-the-bar)