



FAX

HRCP

Tel: 705-739-5691

Fax: 705-739-5627

To: Hani Ghalib Mohammed Alasaad
Re: BLACKSHAWW V1020095 (002).pdf
Fax Number: (705)737-0679
Phone: (705)737-0830

From: Referrals Out
Contact: Heather
Date: 10/22/2025 Wed
No. of Pages: 16 including cover page.

Please arrange a consultation for our patient and notify them directly of appointment information as well as our office.

Thank you

NOTE: This report is confidential under the Personal Health Information Protection Act, 2004 (PHIPA) and is intended for authorized individuals and the above named recipient(s). If you have received this in error, please notify the sender by fax at (705)797-3105 and destroy any copies you have. Any unauthorized distribution, disclosure or use of this document is strictly prohibited.



Ontario
Health

Date: 2025 / 10 / 21

Time: 9:50

Blackshaw, Wendy
V001020095 F HC: 3302280312-DJ
3584 Timberline Ave
Severn, ON L3V 0V8
(416)407-0234
AP: Kappel, Coralea
PP: Beiley, Nabil Moustafa

DOB: DMVR AGE: ADMT DATE
28/08/1979 46

V R 0 0 1 3 4 9 7 / 2 5

- Radiation Consultation
- Second Opinion
- Clinical Trials Consultation
- Follow-up care
- Cardiology Consultation
- Thoracic/Respirology Consultation

Reason for Referral

- Medical Oncology Consultation
- Surgical Consultation
- Palliative Consultation
- Gastroenterology Consultation
- Nephrology/Urology Consultation
- Plastic Surgery Consultation
- Neurology Consultation
- Orthopedic Consultation
- ENT Consultation
- Other endocrinology

Dear Dr. _____,

WITHIN 2WEEKS WITHIN 3MTHS WITHIN 6MTHS
 OTHER (specifically) _____ URGENT

Thank you for seeing _____

TNPC received chemotherapy
④ surgery. Developed hypothyroidism.
selected TSH 42.7. Patient
consulted on importance of supplements.
Oftentimes. See for another opinion.

If you require further information, please do not hesitate to let us know.
Yours sincerely,

Signature

- | | | |
|---|---|--|
| <input type="checkbox"/> Dr. Allison Ball (034118) | <input type="checkbox"/> Dr. Rouslan Kotchetkov (027014) | <input type="checkbox"/> Dr. James Shaver (268136) |
| <input type="checkbox"/> Dr. Cindi Cohen (041612) | <input type="checkbox"/> Dr. Mukta Krishnan (018231) | <input type="checkbox"/> Dr. Jessica Singh (030572) |
| <input type="checkbox"/> Dr. Jessica Conway (038494) | <input type="checkbox"/> Dr. Isabel Li (024688) | <input type="checkbox"/> Dr. Christiaan Stevens (024351) |
| <input type="checkbox"/> Dr. Erica DiMaria (038673) | <input type="checkbox"/> Dr. Dawn Ng (026915) | <input type="checkbox"/> Dr. Tiffany Tam (029123) |
| <input type="checkbox"/> Dr. Robert El-Maraghi (018146) | <input type="checkbox"/> Dr. Derek Nay (019647) | <input type="checkbox"/> Dr. Zachary Veitch (041594) |
| <input type="checkbox"/> Dr. Matthew Follwell (029154) | <input type="checkbox"/> Dr. Oluwabunmi Ogundimu (033849) | <input type="checkbox"/> Dr. Laura White (035564) |
| <input type="checkbox"/> Dr. Lauren Gerard (028450) | <input type="checkbox"/> Dr. Jonathan Peng (046902) | <input type="checkbox"/> Dr. Vivian Yau (038508) |
| <input type="checkbox"/> Dr. Artin Ghassemian (048915) | <input type="checkbox"/> Dr. Alida Pokoradi (049095) | <input type="checkbox"/> Dr. Fred Yoon (025066) |
| <input type="checkbox"/> Dr. Adam Gladwish (036532) | <input type="checkbox"/> Dr. Sara Rask (024766) | <input type="checkbox"/> Dr. Jason Yu (030037) |
| <input type="checkbox"/> Dr. Juhu Karra (015213) | <input type="checkbox"/> Dr. Kent Russell (028742) | <input type="checkbox"/> Dr. Liang Zeng (046641) |
| <input checked="" type="checkbox"/> Dr. Coralea Kappel (049526) | <input type="checkbox"/> Dr. Sheilagh Sanders (038890) | <input type="checkbox"/> Harman Bhatiani, NP (728478) |
| | | <input type="checkbox"/> Jennifer Grando, NP (726127) |

General

Last Name BLACKSHAW **Address** 3584 Timberline Ave
First Name WENDY
Middle Name
Maiden Name
Date of Birth Aug 28, 1979 **City** Severn
Sex Female **County** 3347
SSN/SIN Country Canada **Prov/State** Ontario
SSN/SIN - - - **Country** Canada
Status Active **Postal/Zip Code** L3V 0V8
Home Telephone
Mobile Telephone (416)407-0234
Business Telephone
Ext.
Fax
Email Address WENDYBLACKSHAW@GMAIL.COM

IDs

Identifier	Value	Entered On	Expiry Date
CP Account #	VR0013497/25	Aug 08, 2025	Active
OHIP	3302280312-DJ	Aug 08, 2025	Active
Residence Code	3347	Aug 08, 2025	Active
V#	V001020095	Aug 08, 2025	Active

Contacts

Contact Name	Relationship	Home Phone	Business Phone	Cell Phone
Emergency Contact				
Mcdugall, Craig	Husband	(905)586-0099		

Demographics

Race:	Religion Desc:
Marital Status: Married	Language: English
Occupation: Costco	Ethnicity:
Advanced Directives: No advanced requests	

Internal Physicians

Provider	Relationship	Classification	Business Telephone
Kappel, Dr. Coralea	Attending Physician	Physician	

* End of Report *



Royal Victoria
Regional Health Centre

Medical Oncology Clinic Report
Royal Victoria Regional Health Centre
201 Georgian Drive
Barrie, ON L4M 6M2
Phone: (705)728-9090
Fax: (705)797-3105

Patient: Blackshaw,Wendy
DOB/Age/Sex: 28/08/1979 / 46 / F
HCN: 3302280312-DJ
Address: 3584 Timberline Ave
Severn,ON L3V 0V8
Phone Number: (416)407-0234

MRN: V001020095
Acct: VR0013497/25
Outpt/ED Date: 21/10/25 Admit Date:
Report Number: 2110-01576
Patient Location: V.CANCER
Patient Rm/Bed:

Attending Provider: Kappel,Coralea MD
Primary Care Provider (Family Provider): Beshay,Nabil M. MD
Copies To: Beshay,Nabil M. MD; Chaudhuri,Monica M. MD; Conway,Jessica L. MD; Kappel,Coralea MD

Clinic Report Progress Note
MEDICAL ONCOLOGY FOLLOW-UP
Date of service Oct 21st, 2025

DIAGNOSIS: A 45-year-old female, BRCA1 germline mutation, with a left breast invasive ductal carcinoma, cT2N0M0 TNBC
Recent echocardiogram LVEF 60 to 65%
PET scan no distant disease
1 cm lesion left breast inferomedial, biopsy shows benign lymph node
PICC line in situ
BRCA1 germline mutation

History of a right sided pT1b N0 triple negative breast cancer, status postlumpectomy and sentinel lymph node biopsy February 2008. This was followed by adjuvant chemotherapy with TC x 4 at William Osler cancer center, adjuvant radiation therapy and proceeded with bilateral mastectomy and subpectoral implants and oophorectomy given BRCA1 germline mutation.

MANAGEMENT PLAN:

1. Neoadjuvant dose dense AC-T with pembrolizumab, completed 3 cycles last 1 September 30, declined future chemotherapy despite options given development of immune related hypothyroidism. Discussed the importance of levothyroxine, however reluctant to start, referral to endocrinology.
2. Plan for surgery with Dr. Chaudhuri, this will hopefully be followed by adjuvant radiation
3. This will be followed by adjuvant treatment depending on final pathology, and if patient agreeable.

CURRENT STATUS:

I had the opportunity to see Wendy in clinic today. She has not yet started the levothyroxine as previously discussed. I emphasized the importance of initiating treatment, especially given her rising TSH levels now in the 140s. I explained that untreated hypothyroidism could lead to systemic symptoms, organ dysfunction, and, in severe cases, hospitalization or even mortality. Despite this,

Electronically signed by Coralea Kappel, M.D.



**Royal Victoria
Regional Health Centre**

Wendy remains somewhat hesitant to start levothyroxine due to concerns about the long-term nature of the medication.

I recommended a referral to endocrinology for a second opinion regarding her treatment. After a thorough discussion, which mirrors our conversation from the previous visit, Wendy reiterated that she does not wish to pursue any additional systemic therapies, despite several available options. She is instead inclined to pursue surgical intervention for her neck and will follow up with her surgeon to make the necessary arrangements.

Wendy understands that by opting out of chemotherapy, she may be increasing her risk of recurrence, particularly distally. We have agreed to schedule a postoperative follow-up to discuss potential adjuvant treatment options, though she acknowledges that she may decline them at that time.

Regarding her current symptoms, Wendy has experienced some mild weight gain but has not reported any overt signs or symptoms of hypothyroidism.

PHYSICAL EXAM:

On exam, she appears well no distress. ECOG 0. Left breast mass not appreciable.

INVESTIGATIONS:

Laboratory - Last 48 Hours

21/10/2025 07:53: WBC 7.72, RBC 3.89 L, Hgb 119, Hct 0.364, MCV 93.6, MCH 30.6, MCHC 327, RDW 15.9 H , Plt Count 306, MPV 9.1, Abs Immat Gran (auto) 0.12, Absolute Neuts (auto) 5.55, Absolute Lymphs (auto) 1.04, Absolute Monos (auto) 0.93, Absolute Eos (auto) 0.03, Absolute Basos (auto) 0.05, Abso lute Nucleated RBC 0.03, Differential Method Complete, Prelim Abs Neut Count 5.55, Sodium 139, Potassium 4.0, Chloride 103, Total Carbon Dioxide 26, Anion Gap 10, Creatinine 74, eGFR 87, Random Glucose 5.0, Calcium 2.42, Phosphorus 1.12, Magnesium 0.82, Total Bilirubin 4, Direct Bilirubin < 2, ALT 36, Alkaline Phosphatase 94, Albumin 39, TSH 142.71 H, Free T4 3.6 L, Random Cortisol 310, Spec Hemolysis Index 1+ A

IMPRESSION:

1. Early TNBC: Wendy does not wish to pursue further neoadjuvant treatment and will go straight to surgery as mentioned above. Her surgeon is aware. We will plan to see her postoperatively to discuss adjuvant treatments if interested.
2. Hypothyroidism: Immune related hypothyroidism, however despite emphasizing the importance of levothyroxine unclear if this will be started by patient. I have made referral to endocrinology.

Coralea Kappel, MD, FRCPC
Medical Oncology Staff

NB: This report was generated using voice transcription (Dragon Medical One) and transcriptional errors, appear frequently. If the meaning is unclear, please contact me directly, and I would be happy to review, and provide an addendum if necessary.



Royal Victoria
Regional Health Centre

Report Status: Signed
Dictated By: Kappel, Coralea MD

<Electronically signed by Coralea Kappel>

Dictated Date/Time: 21/10/25 1523
Transcribed Date/Time: 21/10/25 1523

This report may have been generated using speech recognition software. If there are any concerns regarding the contents, please notify us immediately. LAB results are captured at the point in time of report dictation, please review OLIS for current LAB results.

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Electronically signed by Coralea Kappel, M.D.

Royal Victoria Regional Health Centre
Department of Pathology and Laboratory Medicine

201 Georgian Drive Barrie, ON L4M 6M2 (705) 728-9090

** Specimen Inquiry **

PATIENT: Blackshaw, Wendy	MRN: V001020095			
DoB: 28/Aug/1979 46/F	Acct#: VR0013497/25			
Pt Phone: (416) 407-0234	HCN: 3302280312-DJ			
Reg Date: 21/Oct/25	Locn: V.CANCER			
Status: REG RCR				
Submitter: Coralea Kappel	Spec#: 2110:II00388U			
	Barcode: 334070			
Copy-to: Nabil Moussa Salama Beshay Monica Mitra Chaudhuri	Coll: 21/Oct/25-0753 Rcvd: 21/Oct/25-0800 Status: COMP			
Test	Result	Flag	Reference	Site
<i>Complete Blood Count</i>				
White Blood Count	7.72		4.0-11.0 x10 ⁹ /L	RVH
Red Blood Count	3.89	L	4.00-5.50 x10 ¹² /L	RVII
Hemoglobin	119		115-160 g/L	RVH
Hematocrit	0.364		0.350-0.470 L/L	RVII
MCV	93.6		80-95 fL	RVH
MCII	30.6		27.0-33.0 pg	RVII
MCHC	327		310-360 g/L	RVII
RDW	15.9	H	12.0-14.9 %	RVH
Platelet Count	306		150-400 x10 ⁹ /L	RVII
MPV	9.1		7.0-11.0 fL	RVII
Differential	Complete			RVII
Prelim Neut Count	5.55		x10 ⁹ /L	RVH
Neutrophils, Abs	5.55		2.00-7.50 x10 ⁹ /L	RVII
Lymphocytes, Abs	1.04		1.00-3.50 x10 ⁹ /L	RVH
Monocytes, Abs	0.93		0.00-1.20 x10 ⁹ /L	RVII
Eosinophils, Abs	0.03		0.00-0.50 x10 ⁹ /L	RVH
Basophils, Abs	0.05		0.00-0.20 x10 ⁹ /L	RVII
Immature Gran, Abs	0.12		0.00 x10 ⁹ /L	RVII
Nucleated RBC, Abs	0.03		0.00 x10 ⁹ /L	RVH

RVII - Royal Victoria Regional Health
 201 Georgian Drive, Barrie, ON L4M 6M2

Print Date/Time: 22/Oct/25-1154

By: MACNIE01RV

** END OF REPORT **

Page 1 of 1

**Royal Victoria Regional Health Centre
Department of Pathology and Laboratory Medicine**

201 Georgian Drive Barrie, ON L4M 6M2 (705) 728-9090

** Specimen Inquiry **

PATIENT: Blackshaw, Wendy	MRN: V001020095			
DoB: 28/Aug/1979 46/F	Acct#: VR0013497/25			
Pt Phone: (416) 407-0234	HCN: 3302280312-DJ			
Reg Date: 21/Oct/25	Locn: V.CANCER			
Status: REG RCR				
Submitter: Coralea Kappel	Spec#: 2110:C00543U Coll: 21/Oct/25-0753			
Copy-to: Nabil Moussa Salama Beshay Monica Mitra Chaudhuri	Barcode: 334069 Rcvd: 21/Oct/25-0800 Status: COMP			
Test	Result	Flag	Reference	Site
Glucose Random	5.0		4.0-7.8 mmol/L	RVH
Creatinine	74		49-90 umol/L	RVH
EGFR (CKD-EPI)	87		mL/min	RVII
<p><i>Invalid for drug dosing, pregnancy, muscle mass extremes.</i></p> <p><i>Consistent with mildly decreased kidney function. However, in the absence of other evidence of kidney disease, eGFR values in this range do not fulfill the KDIGO criteria for chronic kidney disease. Interpret results in concert with ACR measurement.</i></p> <p><i>The 2021 CKD-EPI equation (units - mL/min/1.73 m²) was used for this eGFR calculation which does not use a race-based adjustment. This modified equation is endorsed by the American Society of Nephrology, National Kidney Foundation and College of American Pathologists.</i></p>				
Sodium	139		132-146 mmol/L	RVII
Potassium	4.0		3.5-5.1 mmol/L	RVII
Chloride	103		96-109 mmol/L	RVH
Total CO ₂	26		21-32 mmol/L	RVII
Anion Gap Calc	10		5-15 mmol/L	RVII
Calcium	2.42		2.10-2.60 mmol/L	RVII
Magnesium	0.82		0.70-1.06 mmol/L	RVII
Phosphorous	1.12		0.80-1.60 mmol/L	RVII
Bilirubin Total	4		<22 umol/L	RVH
Bilirubin Direct	< 2		<10 umol/L	RVII
ALT	36		<49 U/L	RVH
Alkaline Phosphatase	94		<120 U/L	RVII
Albumin	39		34-50 g/L	RVII
TSH	142.71	H	0.55-4.78 mIU/L	RVH
Thyroxine Free	3.6	L	11.5-22.7 pmol/L	RVH
Hemolysis Index	1+	A	None	RVII
<p><i>The effect of hemolysis with laboratory instrumentation is to falsely elevate acetaminophen, albumin, ALT, ammonia, AST, calcium, carbamezapine, cholesterol, CK, chloride, creatinine, digoxin, ethanol, MDT, gentamycin, GGT, glucose,</i></p>				
Print Date/Time:22/Oct/25-1154	By:MACNIE01RV			

** CONTINUED ON NEXT PAGE **

Page 1 of 2

Royal Victoria Regional Health Centre
Department of Pathology and Laboratory Medicine

201 Georgian Drive Barrie, ON L4M 6M2 (705) 728-9090

** Specimen Inquiry **

PATIENT: Blackshaw, Wendy	Acct#: VR0013497/25	MRN: V001020095	(Continued)
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Spec#: 2110:C00543U	Coll: 21/Oct/25-0753
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Test	Result	Flag	Reference	Site
<i>phosphorus, iron, potassium, LDH, lithium, magnesium, sodium, phenytoin, tobramycin, total protein, triglycerides, urea, vancomycin and valproic acid results.</i>				
<i>Hemolysis also falsely decreases results for: ALKP, amylase, ASO, CO2, direct and total bilirubin, ferritin, haptoglobin, CRP, IgA, IgG, IgM, lactate, lipase, microalbumin, IPTH, procalcitonin, RF, salicylate, HCG, TIBC, transferrin, TSII and urate.</i>				
<i>The absolute effect is a function of the degree of hemolysis.</i>				
<i>Due to significant interference effect, a grading of 3+ hemolysis or greater renders the sample unsatisfactory for analysis of the above mentioned tests. Please re-order in Meditech for repeat collection of these tests.</i>				

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 201 Georgian Drive, Barrie, ON L4M 6M2

Print Date/Time: 22/Oct/25-1154

By: MACNIE01RV

** END OF REPORT **

Page 2 of 2

Royal Victoria Regional Health Centre
Department of Pathology and Laboratory Medicine

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** Specimen Inquiry **

PATIENT: Blackshaw, Wendy	MRN: V001020095			
DoB: 28/Aug/1979 46/F	Acct#: VR0013497/25			
Pt Phone: (416) 407-0234	HCN: 3302280312-DJ			
Reg Date: 21/Oct/25	Locn: V.CANCER			
Status: REG RCR				
Submitter: Coralea Kappel	Spec#: 1010:II00566U Coll: 10/Oct/25-1223			
Copy-to: Nabil Moussa Salama Beshay Monica Mitra Chaudhuri	Barcode: 316350 Rcvd: 10/Oct/25-1226 Status: COMP			
Test	Result	Flag	Reference	Site
<i>Complete Blood Count</i>				
White Blood Count	7.10		4.0-11.0 x10^9/L	RVH
Red Blood Count	3.86	L	4.00-5.50 x10^12/L	RVII
Hemoglobin	117		115-160 g/L	RVH
Hematocrit	0.350		0.350-0.470 L/L	RVII
MCV	90.7		80-95 fL	RVH
MCII	30.3		27.0-33.0 pg	RVII
MCIII	334		310-360 g/L	RVII
RDW	13.3		12.0-14.9 %	RVH
Platelet Count	179		150-400 x10^9/L	RVII
MPV	9.3		7.0-11.0 fL	RVII
Differential	Complete			RVII
Prelim Neut Count	3.06		x10^9/L	RVH
Nucleated RBC, Abs	0.12		0.00 x10^9/L	RVII
Neutrophils, Abs	3.69		2.00-7.50 x10^9/L	RVH
Lymphocytes, Abs	2.06		1.00-3.50 x10^9/L	RVII
Monocytes, Abs	0.85		0.00-1.20 x10^9/L	RVH
Eosinophils, Abs	0.07		0.00-0.50 x10^9/L	RVII
Basophils, Abs	0.00		0.00-0.20 x10^9/L	RVII
Metamyelocytes, Abs	0.21		x10^9/L	RVH
Myelocytes, Abs	0.14		x10^9/L	RVII
Blasts, Abs	0.07	II	0.00 x10^9/L	RVII
Blasts %	1.0		%	RVII
Band Neutrophil	Few			RVII
Elliptocytes	Few			RVII

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201 Georgian Drive, Barrie, ON L4M 6M2

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201 Georgian Drive Barrie, ON L4M 6M2 (705) 728-9090

** Specimen Inquiry **

PATIENT: Blackshaw, Wendy	MRN: V001020095			
DoB: 28/Aug/1979 46/F	Acct#: VR0013497/25			
Pt Phone: (416) 407-0234	HCN: 3302280312-DJ			
Reg Date: 21/Oct/25	Locn: V.CANCER			
Status: REG RCR				
Submitter: Coralea Kappel	Spec#: 1010:C00876U Coll: 10/Oct/25-1223			
Copy-to: Nabil Moussa Salama Beshay Monica Mitra Chaudhuri	Barcode: 316349 Rcvd: 10/Oct/25-1226 Status: COMP			
Test	Result	Flag	Reference	Site
Glucose Random	6.3		4.0-7.8 mmol/L	RVH
Creatinine	65		49-90 umol/L	RVH
EGFR (CKD-EPI)	102		mL/min	RVII
<p><i>Invalid for drug dosing, pregnancy, muscle mass extremes.</i></p> <p><i>Normal eGFR.</i></p> <p><i>The 2021 CKD-EPI equation (units - mL/min/1.73 m²) was used for this eGFR calculation which does not use a race-based adjustment. This modified equation is endorsed by the American Society of Nephrology, National Kidney Foundation and College of American Pathologists.</i></p>				
Sodium	143		132-146 mmol/L	RVII
Potassium	3.7		3.5-5.1 mmol/L	RVH
Chloride	104		96-109 mmol/L	RVII
Total CO ₂	29		21-32 mmol/L	RVH
Anion Gap Calc	10		5-15 mmol/L	RVII
Calcium	2.42		2.10-2.60 mmol/L	RVII
Magnesium	0.76		0.70-1.06 mmol/L	RVH
Phosphorous	1.15		0.80-1.60 mmol/L	RVII
Bilirubin Total	< 3		<22 umol/L	RVII
Bilirubin Direct	< 2		<10 umol/L	RVII
ALT	18		<49 U/L	RVII
Alkaline Phosphatase	95		<120 U/L	RVII
Albumin	37		34-50 g/L	RVH
TSI	53.07	H	0.55-4.78 mTU/L	RVII
Thyroxine Free	5.4	L	11.5-22.7 pmol/L	RVH
Hemolysis Index	1+	A	None	RVII
<p><i>The effect of hemolysis with laboratory instrumentation is to falsely elevate acetaminophen, albumin, ALT, ammonia, AST, calcium, carbamezapine, cholesterol, CK, chloride, creatinine, digoxin, ethanol, HDL, gentamycin, GGT, glucose, phosphorus, iron, potassium, LDH, lithium, magnesium, sodium, phenytoin, tobramycin, total protein, triglycerides, urea, vancomycin and valproic acid results.</i></p>				
Print Date/Time:22/Oct/25-1155	By:MACNIE01RV			

** CONTINUED ON NEXT PAGE **

Page 1 of 2

Royal Victoria Regional Health Centre
Department of Pathology and Laboratory Medicine

201 Georgian Drive Barrie, ON L4M 6M2 (705) 728-9090

** Specimen Inquiry **

PATIENT: Blackshaw, Wendy	Acct#: VR0013497/25	MRN: V001020095	(Continued)
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Spec#: 1010:C00876U	Coll: 10/Oct/25-1223
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Test	Result	Flag	Reference	Site
<p><i>Hemolysis also falsely decreases results for: ALKP, amylase, ASO, CO2, direct and total bilirubin, ferritin, haptoglobin, CRP, IgA, IgG, IgM, lactate, lipase, microalbumin, IPTH, procalcitonin, RF, salicylate, HCG, TIBC, transferrin, TSH and urate.</i></p>				
<p><i>The absolute effect is a function of the degree of hemolysis.</i></p>				
<p><i>Due to significant interference effect, a grading of 3+ hemolysis or greater renders the sample unsatisfactory for analysis of the above mentioned tests. Please re-order in Meditech for repeat collection of these tests.</i></p>				

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 201 Georgian Drive, Barrie, ON L4M 6M2

Print Date/Time: 22/Oct/25-1155

By: MACNIE01RV

** END OF REPORT **

Page 2 of 2

**Royal Victoria Regional Health Centre
Department of Pathology and Laboratory Medicine**

201 Georgian Drive Barrie, ON L4M 6M2 (705) 728-9090

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PATIENT: Blackshaw, Wendy	MRN: V001020095			
DoB: 28/Aug/1979 46/F	Acct#: VR0013497/25			
Pt Phone: (416) 407-0234	HCN: 3302280312-DJ			
Reg Date: 21/Oct/25	Locn: V.CANCER			
Status: REG RCR				
Submitter: Isabel Li	Spec#: 2909:II00516U Coll: 29/Sep/25-1016			
	Barcode: 295362 Rcvd: 29/Sep/25-1025			
Copy-to: Nabil Moussa Salama Beshay Monica Mitra Chaudhuri	Status: COMP			
Test	Result	Flag	Reference	Site
<i>Complete Blood Count</i>				
White Blood Count	7.66		4.0-11.0 x10^9/L	RVH
Red Blood Count	4.46		4.00-5.50 x10^12/L	RVII
Hemoglobin	134		115-160 g/L	RVH
Hematocrit	0.403		0.350-0.470 L/L	RVII
MCV	90.4		80-95 fL	RVH
MCII	30.0		27.0-33.0 pg	RVII
MCHC	333		310-360 g/L	RVII
RDW	12.8		12.0-14.9 %	RVH
Platelet Count	187		150-400 x10^9/L	RVII
MPV	9.5		7.0-11.0 fL	RVII
Differential	Complete			RVII
Prelim Neut Count	3.92		x10^9/L	RVH
Nucleated RBC, Abs	0.07		0.00 x10^9/L	RVII
Neutrophils, Abs	4.93		2.00-7.50 x10^9/L	RVH
Lymphocytes, Abs	1.53		1.00-3.50 x10^9/L	RVII
Monocytes, Abs	0.67		0.00-1.20 x10^9/L	RVH
Eosinophils, Abs	0.00		0.00-0.50 x10^9/L	RVII
Basophils, Abs	0.13		0.00-0.20 x10^9/L	RVII
Metamyelocytes, Abs	0.13		x10^9/L	RVH
Myelocytes, Abs	0.27		x10^9/L	RVII
Promyelocytes, Abs	0.00		x10^9/L	RVII
Blasts, Abs	0.00		0.00 x10^9/L	RVII
Blasts %	0.0		%	RVII
Plasma Cells, Abs	0.00		x10^9/L	RVII
Other cells, Abs	0.00		x10^9/L	RVH

RVH - Royal Victoria Regional Health
201 Georgian Drive, Barrie, ON L4M 6M2

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Department of Pathology and Laboratory Medicine**

201 Georgian Drive Barrie, ON L4M 6M2 (705) 728-9090

** Specimen Inquiry **

PATIENT: Blackshaw, Wendy	MRN: V001020095			
DoB: 28/Aug/1979 46/F	Acct#: VR0013497/25			
Pt Phone: (416) 407-0234	HCN: 3302280312-DJ			
Reg Date: 21/Oct/25	Locn: V.CANCER			
Status: REG RCR				
Submitter: Isabel Li	Spec#: 2909:C00755U Coll: 29/Sep/25-1016			
Copy-to: Nabil Moussa Salama Beshay Monica Mitra Chaudhuri	Barcode: 295361 Rcvd: 29/Sep/25-1025 Status: COMP			
Test	Result	Flag	Reference	Site
Creatinine	73		49-90 umol/L	RVH
EGFR (CKD-EPI)	89		mL/min	RVH
<p><i>Invalid for drug dosing, pregnancy, muscle mass extremes.</i></p> <p><i>Consistent with mildly decreased kidney function. However, in the absence of other evidence of kidney disease, eGFR values in this range do not fulfill the KDIGO criteria for chronic kidney disease. Interpret results in concert with ACR measurement.</i></p> <p><i>The 2021 CKD-EPI equation (units - mL/min/1.73 m²) was used for this eGFR calculation which does not use a race-based adjustment. This modified equation is endorsed by the American Society of Nephrology, National Kidney Foundation and College of American Pathologists.</i></p>				
Bilirubin Total	< 3		<22 umol/L	RVH
Bilirubin Direct	< 2		<10 umol/L	RVII
ALT	35		<49 U/L	RVII
Alkaline Phosphatase	95		<120 U/L	RVH
Hemolysis Index	1+	A	None	RVII
<p><i>The effect of hemolysis with laboratory instrumentation is to falsely elevate acetaminophen, albumin, ALT, ammonia, AST, calcium, carbamezapine, cholesterol, CK, chloride, creatinine, digoxin, ethanol, HDL, gentamycin, GGT, glucose, phosphorus, iron, potassium, LDH, lithium, magnesium, sodium, phenytoin, tobramycin, total protein, triglycerides, urea, vancomycin and valproic acid results.</i></p> <p><i>Hemolysis also falsely decreases results for: ALKP, amylase, ASO, CO₂, direct and total bilirubin, ferritin, haptoglobin, CRP, IgA, IgG, IgM, lactate, lipase, microalbumin, IPTH, procalcitonin, RF, salicylate, HCG, TIBC, transferrin, TSH and urate.</i></p> <p><i>The absolute effect is a function of the degree of hemolysis.</i></p>				
Print Date/Time:22/Oct/25-1156	By:MACNIE01RV			

** CONTINUED ON NEXT PAGE **

Page 1 of 2

**Royal Victoria Regional Health Centre
Department of Pathology and Laboratory Medicine**

201 Georgian Drive Barrie, ON L4M 6M2 (705) 728-9090

** Specimen Inquiry **

PATIENT: Blackshaw, Wendy	Acct#: VR0013497/25	MRN: V001020095	(Continued)
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Spec#: 2909:C00755U	Coll: 29/Sep/25-1016
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Test	Result	Flag	Reference	Site
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Due to significant interference effect, a grading of 3+ hemolysis or greater renders the sample unsatisfactory for analysis of the above mentioned tests. Please re-order in Meditech for repeat collection of these tests.

RVH - Royal Victoria Regional Health
201 Georgian Drive, Barrie, ON L4M 6M2

Print Date/Time: 22/Oct/25-1156	By: MACNIE01RV
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** END OF REPORT **

Page 2 of 2

Manager®
Printed: Oct 22, 2025
Page 1 of 1

Medication

HRCP - Medical Oncology

201 Georgian Drive
Barrie, ON L4M 6M2
(705)739-5661 Fax (705)739-5619

Name: BLACKSHAW, WENDY

Birth Date: Aug 28, 1979

Age: 46 yrs

Sex: Female

V#: V001020095

CP Account #: VR0013497/25

Plan: AC D1,15 Q28D+PEMB (sup)

Version: 2.0

Phase: 1 - 90/90

Date/Time of Visit: Oct 22, 2025 11:39

Medication

Medication	Last Given	Start Date	End Date
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Active Chemotherapy Agents

cyclophosphamide (Recon Soln)	Sep 30, 2025 12:56	Sep 2, 2025
DOXOrubicin (Solution)	Sep 30, 2025 12:44	Sep 2, 2025

Active Non-Chemotherapy Agents

aprepitant (Capsule, Dose Pack)	Sep 16, 2025
dexamethasone (Tablet)	Sep 30, 2025 11:00
levothyroxine (Tablet)	Oct 10, 2025
netupitant-palonosetron (Capsule)	Sep 30, 2025 11:00
olanzapine (Tablet)	Sep 2, 2025
ondansetron (Tablet, Rapid Dissolve)	Sep 16, 2025
pegfilgrastim (Pen Injector)	Sep 2, 2025

Active As Per Patient Agents

betamethasone valerate (Cream) - (0.1 %) Cream Topical b.i.d.	Unknown
calcium (Tablet) - (1000 mg) Tablet Oral daily	Unknown
cholecalciferol (vitamin D3) (Tablet) - (25 mcg) Tablet Oral daily	Unknown
Symbicort-100 Turbuhaler (Aerosol Powdr Breath Activated) - Aerosol Powdr Breath Activated Inhalation	Unknown

Inactive Agents

pembrolizumab (Solution) - 320 mg (at 4 mg/kg) (of 25 mg/mL) Solution Intravenous once in 0.9% Sodium Chloride 50 mL + OF 5 mL 55 mL (2)	Sep 02, 2025 09:55	Sep 2, 2025	Sep 2, 2025
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