



Polyclinic - Family Medicine
2 Champagne Centre
TORONTO, ON, M3J 0K2
Tel: (416) 222-6160
Fax: (416) 222-9604

Fax Cover Sheet

To: Referral
Phone:
Fax: (877) 562-2778

Date: Oct 22, 2025

From: Dr. Anna Slavina (MCI Polyclinic)
Phone: (416) 222-6160
Fax: (416) 222-9604

Number of pages including cover: 7

Patient Name: NIKOLAYENKO, NATALIYA **DOB:** 16/03/1961 (dd/mm/yyyy)
Patient Home Number: (000) 000-0000
Patient Cell Number: (416) 823-9794

Notes:

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REFERRAL FORM

2 Champagne Drive (Champagne Centre), Toronto, ON M3J 0K2

Tel: 416-222-6160

www.polyclinic.ca

hr@polyclinic.ca

PATIENT INFORMATION

Name: <u>NATALIYA NIKOLAYENKO</u>	Cell: (416) 823-9794	
Tel: Home: (000) 000-0000	Address: 4645 Jane St #1107	
TORONTO ON M3N 2K9		
M 03	J 16	Y 1961
DOB		
HC# 7074041901	VC	rl
Referring Physician: Dr. Anna Slavina (MCI Polyclinic)		
Provider #: 021788		

PLEASE CHECK ALL CONSULTATION AND/OR DIAGNOSTIC SERVICES REQUESTED

SPECIALTY DEPARTMENT UNIT B17 TEL: 416-222-6160 EXT. 268, 269, 277, 278 FAX: 416-645-1978

- | | | | |
|----------------------------------------|----------------------------------------|-------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Allergy | <input type="checkbox"/> Endocrinology | <input type="checkbox"/> Nerve Conduction Study | <input type="checkbox"/> Respiriology |
| <input type="checkbox"/> ENT | <input type="checkbox"/> Gynecology | <input type="checkbox"/> Nephrology | <input type="checkbox"/> Urology |
| <input type="checkbox"/> Audio Testing | <input type="checkbox"/> Hepatology | <input type="checkbox"/> Orthopedic Surgery | <input type="checkbox"/> Vascular Surgery |
| <input type="checkbox"/> VNG | <input type="checkbox"/> Fibroscan | <input type="checkbox"/> Plastic Surgery | |

NEUROLOGY DEPARTMENT UNIT B10 TEL: 416-222-6160 EXT. 255, FAX: 416-645-1979

- Neurology Consult

PDS CARDIAC IMAGING UNIT B10, TEL: 416-222-6160 EXT. 243, FAX: 416-386-1023

<u>Cardiology</u>	<u>Cardiac Diagnostic Testing</u>	<u>Indications</u>
<input type="checkbox"/> Cardiology Consult	<input type="checkbox"/> ECG <input type="checkbox"/> Echocardiogram <input type="checkbox"/> Stress Test <input type="checkbox"/> Stress Echocardiogram <input type="checkbox"/> Holter Monitor Testing <input type="checkbox"/> 24 hrs <input type="checkbox"/> 48 hrs <input type="checkbox"/> 72 hrs <input type="checkbox"/> 7 day <input type="checkbox"/> 14 day <input type="checkbox"/> ABPM	<input type="checkbox"/> Hypertension <input type="checkbox"/> Shortness of Breath <input type="checkbox"/> History of MI / Stroke <input type="checkbox"/> Angina / Ischemic Heart Disease <input type="checkbox"/> Palpitations <input type="checkbox"/> Heart Murmur <input type="checkbox"/> Dizziness / Lightheadedness <input type="checkbox"/> Syncope
		<input type="checkbox"/> High Cholesterol <input type="checkbox"/> Diabetes <input type="checkbox"/> Family history of heart disease <input type="checkbox"/> Atrial Fibrillation / Arrhythmias <input type="checkbox"/> Abnormal ECG <input type="checkbox"/> Other _____

NORTH YORK ENDOSCOPY CENTRE UNIT B19 TEL: 416-645-5145 FAX: 416-645-1401

- | | |
|---------------------------------------------------|--------------------------------------|
| <input type="checkbox"/> General Surgery Consult | <input type="checkbox"/> Gastroscopy |
| <input type="checkbox"/> Gastroenterology Consult | <input type="checkbox"/> Colonoscopy |

NORTH YORK PULMONARY FUNCTION CENTER UNIT B21 TEL: 416-636-6661 FAX: 416-636-8999

- | | | |
|----------------------------------------------|-------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Respiratory Consult | <input type="checkbox"/> Spirometry | <input type="checkbox"/> Methacholine Challenge Testing |
| <input type="checkbox"/> Complete PFT | <input type="checkbox"/> Resting Oximetry | <input type="checkbox"/> Pre/Post Bronchodilator |

NORTH YORK SLEEP AND DIAGNOSTIC CENTRE UNIT B15 TEL: 416-642-4232 FAX: 416-642-4234

- | | | |
|-------------------------------------------------------|--------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> Consultation and Sleep Study | <input type="checkbox"/> Consultation Only | <input type="checkbox"/> Sleep Study Only |
|-------------------------------------------------------|--------------------------------------------|-------------------------------------------|

PDS DIAGNOSTIC IMAGING UNIT B23 TEL: 416-741-2766 FAX: 416-741-6015

- | | | |
|--------------------------------------------|----------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> X-Ray _____ | <input type="checkbox"/> Ultrasound _____ | <input type="checkbox"/> Biopsy _____ |
| <input type="checkbox"/> BMD _____ | <input type="checkbox"/> Vascular Ultrasound _____ | <input type="checkbox"/> Injection _____ |
| <input type="checkbox"/> Mammography _____ | | <input type="checkbox"/> Other _____ |

Name of Physician / NP: _____ Location: _____

Reason for Referral (Required):
please eval 64 y/o lady hypothyroidism ;DM-II poor control; s/p x5 stents (cads); thanks

Signature of Referring Physician / NP: S. Slavina Date: Oct 22, 2025
Printed by Imatsyukha Printed On 2025/10/22 10:59 PolyClinic Referral Form - Ver 3.0.0.24

Patient	NIKOLAYENKO, NATALIYA	Home Phone	(416) 823-9794	Work Phone	
Health #	7074041901RL	Sex	F	Patient ID	3027485
DOB	Mar 16, 1961				

Lab Id: 2025-EH2740307
 Ordered By: SLAVINA ANNA Reported By: LIFELABS ONTARIO
 Collection Date: Oct 01, 2025 9:43 AM Reviewed: Oct 06, 2025 by aslavina
 Reported Date: Oct 01, 2025 9:45 AM
 Updated On: Oct 06, 2025 8:00 AM

Flags	Results	Reference Range	Lab Lic #
Clinical Information (Final)			

Clinical Information	Copy To physician was not uniquely identified.	5687
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Lab - 5687: LifeLabs, 100 International Blvd., Toronto, Ontario

Lab Id: 2025-EH2740307
 Ordered By: SLAVINA ANNA Reported By: LIFELABS ONTARIO
 Collection Date: Oct 01, 2025 9:43 AM Reviewed: Oct 06, 2025 by aslavina
 Reported Date: Oct 01, 2025 4:21 PM
 Updated On: Oct 06, 2025 8:00 AM

Flags	Results	Reference Range	Lab Lic #
Complete Blood Count (Final)			

WBC	7.3	4.0 - 11.0	x E9/L	5687
RBC	4.73	4.00 - 5.10	x E12/L	
Hemoglobin	125	120 - 160	g/L	
Hematocrit	0.396	0.350 - 0.450	L/L	
MCV	84	80 - 100	fL	
MCH	26.4	27.5 - 33.0	pg	
MCHC	316	305 - 360	g/L	
RDW	14.0	11.5 - 14.5	%	
Platelets	240	150 - 400	x E9/L	
Neutrophils	4.4	2.0 - 7.5	x E9/L	
Lymphocytes	2.2	1.0 - 3.5	x E9/L	
Monocytes	0.5	0.2 - 1.0	x E9/L	
Eosinophils	0.1	0.0 - 0.5	x E9/L	
Basophils	0.0	0.0 - 0.2	x E9/L	
Immature Granulocytes	0.0	0.0 - 0.1	x E9/L	
Nucleated RBC	0	/100 WBC		

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 Reported Date: Oct 01, 2025 8:20 PM
 Updated On: Oct 06, 2025 8:00 AM

Flags	Results	Reference Range	Lab Lic #
Glucose Fasting (Final)			

Glucose Fasting	H	8.4	3.6 - 6.0	mmol/L	5687
			Fasting Glucose greater than or equal to 7.0 mmol/L after an 8 hr fast can be used as a provisional diagnosis of diabetes mellitus. If asymptomatic, a repeat confirmation test using Fasting Glucose, HbA1c, or 75g OGTT must be done.		

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 Updated On: Oct 06, 2025 8:00 AM

Flags	Results	Reference Range	Lab Lic #
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Sodium (Final)

Sodium	142	135 - 145	mmol/L	5687
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 Updated On: Oct 06, 2025 8:00 AM

Flags	Results	Reference Range	Lab Lic #
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Potassium (Final)

Potassium	3.7	3.5 - 5.2	mmol/L	5687
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Flags	Results	Reference Range	Lab Lic #
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Alkaline Phosphatase (Final)

Alkaline Phosphatase	86	35 - 120	U/L	5687
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 Updated On: Oct 06, 2025 8:00 AM

Flags	Results	Reference Range	Lab Lic #
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Alanine Aminotransferase (Final)

Alanine Aminotransferase	33	< 36	U/L	5687
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Ordered By: SLAVINA ANNA Reported By: LIFELABS ONTARIO
 Collection Date: Oct 01, 2025 9:43 AM Reviewed: Oct 06, 2025 by aslavina
 Reported Date: Oct 01, 2025 5:02 PM
 Updated On: Oct 06, 2025 8:00 AM

Flags	Results	Reference Range	Lab Lic #
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Hemoglobin A1c (Final)

Hemoglobin A1C/Total H	7.3	< 6.0	%	5687
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Diabetes Canada 2018 Guidelines:

 Screening and Diagnosis:
 < 5.7 % Normal
 5.7% - 6.4 % At risk
 6.5% - 7.4 % Prediabetes
 > 7.5% 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.

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Reported Date: Oct 01, 2025 8:20 PM

Updated On: Oct 06, 2025 8:00 AM

	Flags	Results	Reference Range	Lab Lic #
Creatinine/GFR (Final)				
Creatinine		81	50 - 100	umol/L
Glomerular Filtration Rate (eGFR)		70	See below	5687
			Results rule out CKD stage 3-5. Assessment of urine ACR is required to definitively rule out or confirm CKD diagnosis. The KidneyWise toolkit (kidneywise.ca) recommends remeasuring eGFR and urine ACR annually for people with diabetes mellitus and less frequently in others unless clinical circumstances dictate otherwise.	
			Reference interval: =>60 mL/min/1.73m ²	
			eGFR is calculated using the CKD-EPI 2021 equation which does not use a race-based adjustment.	

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	Flags	Results	Reference Range	Lab Lic #
Lipid Assessment (Final)				
Hours After Meal		12		Hours
Triglyceride		1.38		mmol/L
		FASTING: <1.70 mmol/L NON-FASTING: <2.00 mmol/L		
Cholesterol		3.30	< 5.20	mmol/L
		Total cholesterol and HDL-C used for risk assessment and to calculate non HDL-C.		
HDL Cholesterol	L	0.90	>= 1.30	mmol/L
		HDL-C <1.30 mmol/L indicates risk for metabolic syndrome.		
Non HDL Cholesterol		2.40	< 4.20	mmol/L
		Non HDL-Cholesterol is not affected by the fasting status of the patient.		
LDL Cholesterol		1.83	< 3.50	mmol/L
		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.

3.7

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

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Health #	7074041901RL	Sex	F	Patient ID	3027485
DOB	Mar 16, 1961				

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 Reported Date: Oct 01, 2025 8:32 PM
 Updated On: Oct 06, 2025 8:00 AM

Flags	Results	Reference Range	Lab Lic #
Thyroid Stimulating Hormone (TSH) (Final)			
	Thyroid Stimulating Hormone	1.60	0.32 - 4.00 mIU/L

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Flags	Results	Reference Range	Lab Lic #	
C Reactive Protein (Final)				
C Reactive Protein	4.3	< 5.0 Test method: Abbott Alinity CRP, suitable for cardiovascular disease assessment and detection of active inflammation. CRP >=2.0 mg/L is a risk-enhancing factor for cardiovascular disease, as defined in the Guidelines of the American Heart Association and the American College of Cardiology (JACC 2019; 74: e177).	mg/L	5687

Lab - 5687: LifeLabs, 100 International Blvd., Toronto, Ontario