## **Biolab Medical Unit** 9 Weymouth Street, London W1W 6DB, England

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Biolab reference: SPBV/XXXX/K16 Date: 16-11-2016 Your reference: Doctor:

SAMPLE REPORT Patient: DOB: 13-06-1972 Sex: FEMALE Sample Date: 16-11-2016

## Serum Vitamins

Vitamin:	Re	sult:	Units:	Reference range	
RETINOL (Vitamin A	7)	1.10	$\mu \texttt{mol/L}$	1.05 - 2.80	
ALPHA-CAROTENE		0.28	$\mu mol/L$	0.30 - 1.50	
BETA-CAROTENE		0.34	$\mu$ mol/L	0.40 - 3.00	
VITAMIN C		29	$\mu$ mol/L	34 - 114	
ALPHA-TOCOPHEROL	(Vitamin E)	30	$\mu$ mol/L	25 - 60	
GAMMA-TOCOPHEROL	(Vitamin E)	1.72	$\mu$ mol/L	2.0 - 8.5	

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## **Functional Blood B Vitamins**

B1 THIAMINE (ETK activation)	1.24	Status: <b>BORDERLINE</b> <1.15 normal 1.15 - 1.25 borderline >1.25 deficient
B2 RIBOFLAVIN (EGR activation)	1.62	Status: <b>DEFICIENT</b> <1.20 normal 1.20 - 1.30 borderline >1.30 deficient
B6 PYRIDOXINE (EGOT activation)	1.70	Status: NORMAL <1.75 normal 1.75 - 2.00 borderline >2.00 deficient

Results expressed as ratio of activated to basal activity in IU/gHb.

Reference: Mount JN, Heduan E, Herd C, et al. Ann. Clin. Biochem. 1987; 24: 41-46.

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### Reference: SPBV\XXXX\K16 Patient: Sample Report

Clinician:

Clinician's reference:

DOB:

Age: 44

Reference range

Sex: FEMALE Sample date: 16/11/2016

## Vitamin D Profile

Vitamin D3 (cholecalciferol)	34	nmol/L	
Vitamin D2 (ergocalciferol)	3	nmol/L	(not present unless supplemental ergocalciferol has been consumed).
otal 25-hydroxy vitamin D	37	nmol/L (15 µg/L)	75 - 200 nmol/L (30 - 80 μg/L)

#### Comments:

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#### Notes:

The serum concentration of 25-hydroxy vitamin D is the most sensitive and useful index of vitamin D status and correlates well with the plasma parathyroid hormone concentration and alkaline phosphatase activity. There is a two-fold seasonal variation in 25-hydroxy vitamin D in temperate regions of the globe.

For healthy subjects, with no medical condition and normal sun exposure, the serum reference interval for 25-hydroxy vitamin D is  $75 - 200 \text{ nmol/L} (30 - 80 \mu g/L)$ .

The treatment target for subjects with medical conditions that may be associated with vitamin D deficiency is a serum range of  $125 - 150 \text{ nmol/L} (50 - 60 \mu \text{g/L})$ .

Vitamin D levels in supplemented individuals should be monitored carefully during the summer, when endogenous synthesis of vitamin D is at its maximum.

Vitamin D2, which is of plant origin, is the form contained in certain supplements. Total 25-hydroxy vitamin D can be taken as the sum of 25-hydroxy D3 and 25-hydroxy D2. Most subjects have very low levels of vitamin D2 in comparison to D3.

#### References:

- 1. Holick MF. Deficiency of sunlight and vitamin D. BMJ 2008;336:1318-1319.
- 2. Holick MF. Vitamin D and sunlight: strategies for cancer prevention and other health benefits. Clin J Am Soc Nephrol 2008; June 11.
- 3. Holick MF. Sunlight and vitamin D for bone health and prevention of autoimmune diseases, cancers, and cardiovascular disease. Am J Clin Nutr 80:1678-1688S, 2004.
- 3. Mawer EB, Davies M. Vitamin D nutrition and bone disease in adults. Reviews in Endocrine & Metabolic Disorders 2001: 2; 153-164.
- 5. Morris HA. Vitamin D: a hormone for all seasons how much is enough? Clin Biochem Rev 2004; 26: 21-32.

DOB	
Age	
<b>Request received</b>	
Sample dated	

THE STONE HOUSE 9 WEYMOUTH STREET

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# THE DOCTORS

TDL PATHOLOGY REPORT

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HAEMATOLOGY

BIOLAB

LONDON

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HCT MCHC (g/L)

Active B12 Red cell folate 0.426 340 g/L 300 - 350 75 pmol/L 25.1 - 165.0 572 nmol/L 285.4 - 1474.7 <150 nmol/L is associated with folate deficiency Please note new reference range effective 03/03/15

Reference :

Fax copy to :

Hospital No :

Ward