

Legal Aspects Team
Health Records Department
Gartnavel General Hospital
1053 Great Western Road
Glasgow
G12 0YN



MMA Legal Limited
Stok
43-59 Princes Street
Stockport
SK1 1RY

Date: 12th May 2026
Your Ref:
Our Ref: LAT/ACCESS/SB
Enquiries to: Samantha Barka
Direct Line: 0141 211 0151
Email: samantha.barka2@nhs.scot

Dear Sir/Madam

Re: Subject Access Request under the General Data Protection Regulation

Patient: YVONNE JAMIESON D.O.B: 10.03.1982

Thank you for your request received 22nd April 2026 in which you seek a copy of your client's personal information.

Your request has been dealt with in line with our requirements under Article 15 of the General Data Protection Regulation and I now attach the following:

QUEEN ELIZABETH UNIVERSITY HOSPITAL

Please be aware that these health records have been reviewed by a clinician and any information identifying or provided by a third party has been removed.

We process personal information to enable us to provide healthcare services for patients; support and manage our employees; to carry out research and clinical trials; maintain our accounts and records and to carry out data matching under the national fraud initiative. We also use CCTV systems for crime prevention.

This personal information can be both clinical and non-clinical in nature and can include

- Patient health records, photographs or radiology images
- Video/telephone recordings, including CCTV images
- Witness statements
- Incident reports
- Complaints files
- Emails

The source of our data includes Patients, General Practitioners, Healthcare, Social and Welfare organisations, Legal representatives and Police forces.

We sometimes need to share the personal information we process with the individual themselves and also with other organisations as listed above. Where this is necessary we are required to comply with all aspects of the General Data Protection Regulation

Where these organisations are based outside Europe we take all appropriate safeguards to protect your information.

Health records are kept for a limited time and this is noted below for your information

- Adult general hospital records – six years after the date of last entry
- Maternity records – 25 years after the birth of the last child
- Children's and young people's records – until the child or young person's 25th birthday.
- Mental health records – 20 years after the date of the last contact

If you have any queries, please do not hesitate to contact us.

If you are unhappy with how your request has been dealt with please contact the NHSGGC Data Protection Officer. Their contact details are noted below:

Data Protection Officer
Information Governance Department
NHS GG&C – 2nd Floor
1 Smithhills Street
Paisley
PA1 1EB
Email: data.protection@ggc.scot.nhs.uk

Yours sincerely

Legal Aspects Team

ELECTRONIC PATIENT RECORDS

- ALL HOSPITAL RECORDS HELD NHSGGC
- ACS
- BEATSON HOSPITAL
- CANNIESBURN HOSPITAL
- DENTAL HOSPITAL
- GARTNAVEL GENERAL HOSPITAL
- GLASGOW ROYAL INFIRMARY
- INVERCLYDE ROYAL HOSPITAL MATERNITY
- NEW VICTORIA ACH
- PRINCESS ROYAL MATERNITY
- QUEEN ELIZABETH UNIVERSITY HOSPITAL MATERNITY
- ROYAL ALEXANDRA HOSPITAL MATERNITY
- ROYAL HOSPITAL FOR CHILDREN
- STOBHILL HOSPITAL
- VALE OF LEVEN MATERNITY
- WEST CARE AMBULATORY HOSPITAL
- WESTERN INFIRMARY RECORDS
- Including:**
- BADGERNET
- AREVUE
- MEDICAL ILLUSTRATION
- METAVISION
- PHYSIOTHERAPY
- RADIOLOGY
- WEST MARC
- LABS

MNR



CHI: 1003820107

Queen Elizabeth University Hospital

Total Att: 0

12 Mth Att: 0

Title: MISS

JAMIESON

Yvonne

DOB 10/03/1982

Age: 40y

Sex: Female

0/2
7 Taransay Street
Glasgow
Lanarkshire
G51 3EF
0141 286 6623

Next of kin: SINCLAIR, Margaret
Relationship: Aunt
07954590296

GP: CD Martin
0141 882 4567

Attendance Date: 31/12/2022 Arrival Time: 01:01

Registration Time: 01:01 Date of Incident: 31/12/2022

Major Incident Desc:

Reason for Attendance: ed direct referral nhs24 PARTNER HAS TAKEN 5 QUETIAPINE TONIGHT, 100MG.

Nursing Assessment

Alerts: Not Recorded

Allergies: Not Recorded

Pain Score:

Triage Category: 3

Tetanus up to date/fully immunised:

Presenting Complaint: Psychiatry DSH - Overdose

Observation Date: 31/12/2022 02:04

Nurse name: ENP Rona Thomson

Temp	36.2	C
HR	90	bpm
BP	110/80	mmHg
MAP	90.00	mmHg
RR	18	bpm
SpO2	99	%
Oxygen	21	%

BM		mmol/L
PF		1/min
Expected PF		1/min
Weight		kg
Height		cm
Visual Acuity		
Left		
Right		
Corrected?		

GCS	
Eyes	
Motor	
Verbal	
Total	

Pupils-Right		Pupils-Left	
Size (mm)		Size (mm)	
Reaction		Reaction	

Nursing Notes: "PT CALED NHS 24 TOOK 5 X 100MG QUETIAPINE TABLETS " " STILL FEELS SUICIDAL"

Child Assessment Questionnaire

	YES	NO
Previous attendance (consider any relevant trauma from previous presentations)		
History variable between accounts		
Examination not compatible with history/presentation		
Delay in presentation		
Fracture/head injury or significant bruising in baby or non-mobile toddler		

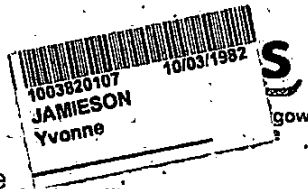
Discuss with Senior Medical Staff / Nurse on duty any factors identified

X-Ray and Other Reports to be filed on this side (if the patient is not being admitted)

**DO NOT WRITE
HERE PLEASE**

ONCE ONLY PRESCRIPTIONS (including Tetanus Prophylaxis)						
Date Given	DRUG (BLOCK CAPITALS)	Dose	Method of Administration	Time of Administration	Signature	Given By

Greater Glasgow & Clyde Emergency Departments Mental Health Triage and Risk Assessment Tool



Part One - Nursing Triage

triage nurse to complete this page

Patient name
CHI

Triage Observations

document physiological measurements

GCS	BM	HR	BP	RR	SaO ₂	Temp
15/15		90	110/80	16	99%	36.2

accompanied by

name, relationship, particular concerns

Partner

Outline of Presentation

tick all the categories which apply

Overdose (will also require medical assessment)	<input checked="" type="checkbox"/>
Self-injury (will also require wound management)	<input type="checkbox"/>
Other Mental Health Presentation	<input type="checkbox"/>

Describe the appearance/clothing of those attending alone, as they may leave before review.

Is the patient a young person in foster care or in a residential care placement? **YES/NO**

Is the patient a carer for a child or a dependent adult? **YES/NO**

Is there a child protection concern or concern for a vulnerable adult at risk? **YES/NO**

Initial Presentation, Appearance and Behaviour

respond yes or no to each question, in any order which seems appropriate

Is the patient violent, aggressive or threatening?	Y	<input checked="" type="checkbox"/>
Is the patient obviously distressed, markedly anxious or highly aroused?	Y	<input checked="" type="checkbox"/>
Is the patient preoccupied, erratic or impulsive?	Y	<input checked="" type="checkbox"/>
Is the patient quiet and withdrawn?	Y	<input checked="" type="checkbox"/>
Do you think the patient is behaving inappropriately to their situation?	Y	<input checked="" type="checkbox"/>
Do you think the patient presents an immediate risk to you, to others, or to themselves?	Y	<input checked="" type="checkbox"/>
Do you think the patient is likely to abscond prior to assessment?	Y	<input checked="" type="checkbox"/>
Do you think the patient's presentation suggests either hallucinations or delusions?*	Y	<input checked="" type="checkbox"/>
Do you think the patient feels their actions are being controlled?	Y	<input checked="" type="checkbox"/>
Are you aware of a history of mental health problems or psychiatric illness?		<input checked="" type="checkbox"/>
Are you aware of a history of violence or self-harm?		<input checked="" type="checkbox"/>
Is the patient currently expressing suicidal thoughts?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Is the patient currently intoxicated, with alcohol, or other substances?	Y	<input checked="" type="checkbox"/>

*Delusions: false but firmly held views and ideas. Hallucinations: false external stimuli (for example, visual or vocal) the patient thinks are real

Triage Risk Assessment

Identify an initial category of risk, select one or more risks

High / Moderate / Low - risk
of self-harm / violence / absconding

Triage Category **(H)**

High risk - accompanied *and* in the clinical area.
Moderate risk - accompanied or in the clinical area.
Low risk - can be asked to wait *if necessary*.

Immediate management

print toxbase information, and in paracetamol overdose, note 4-hour time for blood sample.

Patient location, accompanied by...	Summary 5'6" Burgundy parka dusty pink jumper Navy trousers Black trousers S'6 - Med build Ne-brown collar lenofn hood glasses
Blood sample time?	
Toxbase info printed? Y/N	
GMAWS considered? Y/N	

Any responses in the first column
High Risk

Other patient can be categorised as
Moderate Risk

If all responses are in the third column
Low Risk

name: **R. Thomson** (4)

signature: **Rona Thomson**

date and time: **31/12/22 02:00**

Part Two - Mental Health Assessment medical staff to complete this page.

Patient name _____
CHI _____

outline of current presentation and precipitating factors.

current and previous mental health problems, self-harm episodes, problematic alcohol and/or drug use, contacts with mental health services

other relevant information, (relationships, finances, employment, housing, physical health), childcare responsibilities, current medications, etc) - protective factors (beliefs, relationships, plans for future) - views of relatives/carers/significant others

Risk Factors	
<small>(this is not an exhaustive list)</small>	
alcohol or drug use	
planning or concealment	
evidence of psychosis	
ongoing suicidal intent	
family concern about risk	
access to lethal means	
lack of social support	
age and gender	
chronic illness/pain	
family history of suicide	
disengaged/noncompliant	
unemployed/retired	
previous violent incidents	
history of self-harm	
current psychiatric treatment	
previous psychiatric treatment	

Appearance	Behaviour	Speech
Mood	Thought	Insight

Careful consideration should be given to patients who may present particular risks, including patients who may have post-natal depression, or patients with 'first presentations' of mental health problems, especially in adolescence or old age.

Risk Assessment: based on clinical assessment indicate a category of risk for a further episode of self-harm in the short term (48hrs) - consider protective as well as precipitating factors.

High / Moderate / Low

Discharge Advice and Plan for Further Assessment

Indicate the follow-up plan - referral to Liaison Psychiatry, duty doctor, out-of-hours CPN service, CMHT, GP, addiction services, SW, etc - Indicate the advice given to the patient, and identities of others informed.

summary	follow up and advice given	
service referred to	name/relationship of carer informed	consultant/middle-grade involved in decision or review

If 'young' people in foster care or residential care are assessed, their social work team should be informed (via stand-by SW if out-of-hours) as well as giving information and advice to carers present.

name/grade _____
signature _____
date and time _____

Date

CLINICAL NOTES

31/1/12

Seen by (Dr) FY2 HL Kwek

Time seen 0515.

40 PC: Intentional OD.
F

pt not in department. HPC conducted through phone - verbal consent obtained from pt.

- Had an argument w her partner earlier today, partner told her to take the meds and she did.

- took the rest of her quetiapine supply w water. did not take for 2 weeks any other meds with it.

- partner phoned NHS and told her to bring pt to A&E.

- pt left the department as she could not wait any longer, walked home by herself from A&E, took her 30 mins to reach home. Said the walk helped clear her mind.

- was getting ^{ready to go} to bed when I phoned.

- said ~~has no further~~ ^{suicidal} thoughts ~~and~~ plans ^{to stay} home and watch Netflix.

- said was disappointed w medical staff not being frank w her diagnosis. would like someone to be frank with her so that she could read up and prep herself. Told her that I will convey her wishes to the rest of the team.

- told pt will discuss w my seniors and phone her back later.
Imp? Intentional OD.

(P) Discuss with seniors
2 psych rx

PMHx

- Bipolar type 2
- Asthma.
- Underactive thyroid.

Drx

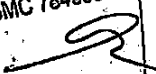
- Allergic to diclofenac.
- See ECG for req meds.

PHx

- ~~lives in part of~~
- lives home
- unemployed
- Non drinker & smoker



Date	CLINICAL NOTES
31/07/20 0557 0557	FY2 HL Kwek (EB 9410) Discussed with the ED Reg: Mark Andronic, said to phoned mental health Hub to let them flag her up to her own team so that they can follow her up. - phoned mental health Hub to pass on the message to PT's team.

Hwee Ling Kwek
 GMC 7843935 Page.....


Discharge Codes (Please CIRCLE)								Discharge date	
1. Admission	2. Discharge	3. Refer to GP	4. Transfer to other (see below)					Discharge time	
5. Died	6. Refer to OP Clinic (see below)		7. Irregular Discharge		8. D.O.A.				
Ward number (if admitted):			Transfer to hospital:				Consultant if admitted:		
Follow up		Arranged			Not arranged			To be arranged	
Clinic referred to	A&E	Hand injury	Fracture	Pop Check	Medical	Surgical	ENT	Others (specify):	
Discharge Prescription Packs									
Date Given	DRUG (BLOCK CAPITALS)	Dose	Method of Administration		Frequency	Signature	Given By		

Emergency Attendance Letter



Emergency Department
Queen Elizabeth University Hospital
1345 Govan Road
Glasgow
Lanarkshire
G51 4TF

Dept. Contact Details:
Tel: 0141 452 2930/2931
Fax: 0141 201 2804
Email:

Date Completed: 31/12/2022

Consultant: Dr Marion Campbell

CD Martin
Dr Mair & Partners
1600-1604 Paisley Road West
Ibrox
Glasgow
Glasgow
G52 3QN

Dear CD Martin

Re: **Jamieson Yvonne**
0/2
Glasgow G51 3EF

DOB: **10/03/1982**

CHI: **1003820107**

Attended on: **31/12/2022 at 01:01 hrs.** Departed on: **31/12/2022 at 06:00 hrs.**
Discharge Type: **01a - Discharge with no follow up** Destination: **Private residence**
Previous ED Attendance in last 12 months: **0**

Presenting complaint
ed direct referral nhs24 PARTNER HAS TAKEN 5 QUETIAPINE TONIGHT, 100MG.

Nursing Assessment:
PT CALED NHS 24 TOOK 5 X 100MG QUETIAPINE TABLETS STILL FEELS SUICIDAL

Investigations in ED:

- | | | |
|--------------------------|-----------------------|--------------|
| 1. Full Blood Count | 2. Coagulation screen | 3. INR |
| 4. Urea and Electrolytes | 5. LFT | 6. CRP |
| 7. Bone Profile | 8. CK | 9. Magnesium |
| 10. Paracetamol | 11. Salicylate | 12. Ethanol |
| 13. Glucose | 14. Lactate | |

Diagnosis:

Diagnosis	Side	Site
Psychotic Disorder due to Use of Sedatives Or Hypnotics		

Procedures: None

Immunisations: None

Dispensed Medication: Please see Clinician Notes

Clinician Notes:

Patient was not present in the department when called. Phoned patient's home no and spoke to her over the phone. Presented on 30/12/22 after an intentional overdose of Quetiapine, after an argument with her partner. Took medication with water. Partner phoned NHS and was advise to bring her to the hospital for further investigations. Patient left the hospital as did not want to wait any longer. Said the walk from the hospital to home helped cleared her mind. During the telephone consultation, patient said she has no suicidal idealisation. She was getting ready to go back to sleep. Phoned Mental Health to let her team be aware of this issues. Thank you for your ongoing care.

Followup :

Highly sensitive: N

Consent for sharing withheld: N

Yours sincerely,
Hwee Ling Kwek
Doctor

Copies to:

1. CD Martin (GP)

School Address:

Case No 6846108

Case Active 31/12/2022 00:17

Case Type Direct Referral ED

Patient Yvonne Jamieson

Sex F D.O.B 10/03/1982 Age 40 years

Current Address

Home Address (if currently not at home)

0/2 7 Taransay Street
Glasgow

G51 3EF

Current Phone: 0141 286 6623

Home Phone:

CHI: 1003820107

Case Origin

Callers Name

Callers Tel:

Charlene

Own Doctor Martin,Chris(425)

Surgery Dr Mair, Dr Pettigrew, Dr Martin & Neylon

NHS24 Received By Bethany Griffith (Pwp Call Taker) ()

NHS24 Triage Start 00:18

NHS24 Triage By Bethany Griffith (Pwp Call Taker) ()

NHS24 Triage End 00:40

NHS24 Reported Condition

NHS24 Outcome AEP

PARTNER HAS TAKEN 5 QUETIAPINE TONIGHT, 100MG.

NHS24 Recorded Allergies

NHS24 Recorded Medications

NHS24 Recorded Medical History

SEE ECS
MORPHINE

BI POLAR TYPE 2
ASTHMA
UNDERACTIVE THYROID

NHS24 Clinical Summary

Clinical summary created by: Bethany Griffith (Pwp Call Taker) () [31/12/2022 00:40:27]

Reason for call: PARTNER HAS TAKEN 5 QUETIAPINE TONIGHT, 100MG.Confirmed Symptom(s):
Endpoint Management Selected (CT)

History and Mental state:

Main problem: PARTNER CALLED WITH PT IN THE ROOM: PT HAS TAKEN 5 QUETIAPINE TONIGHT OF 100MG WITH INTENT TO END HER LIFE. THIS WAS TAKEN AT APPROXIMATELY 00:00. PT ALSO TOLD PARTNER TO PLUNGE A KNIFE INTO HER CHEST AS SHE WANTS TO END HER LIFE. PARTNER STATED PT HAS HX OF SUICIDE ATTEMPT AROUND THIS TIME LAST YEAR.

Engagement with services: NOT ASSESSED.

Medication: PT HAS TAKEN 5 QUETIAPINE TONIGHT OF 100MG WITH INTENT TO END HER LIFE. NOT FURTHER ASSESSED.
RAG History and mental state: Red

Public protection considerations:

Harm to others risk: PARTNER STATES: NIL

Adult protection: PARTNER STATES, PT SUICIDAL, HAS ATTEMPTED OVERDOSE.

Child protection: NIL

RAG Child protection: Green

RAG Adult protection: Red

RAG Harm to others: Green

Suicide or self-harm:

Self-harm risk: PT STATES: NO SELF HARM, ATTEMPTED OVERDOSE TO END LIFE USING 5 QUETIAPINE.

Suicide risk: PARTNER SPEAKING WITH PT IN ROOM: PT HAS TAKEN 5 QUETIAPINE TONIGHT, 100MG. PT TOOK THESE WITH INTENT TO END LIFE. LAST ATTEMPT WAS THIS TIME LAST YEAR. SUICIDAL THOUGHTS. TOLD PARTNER TO STICK A KNIFE THROUGH HER.

RAG Suicide: RAG Red

RAG Self-harm: Red

Social and personal risks:

Support network: PT LIVES WITH PARTNER. PARTNER STATES SHE HAS HAD TO LEAVE HER FAMILY (ALSO SCOTLAND BASED) AND MOVE AWAY SO SHE MAY BE MISSING THEM TONIGHT. PT ALSO WAS IN AN ARGUMENT WITH HER PARTNER (CONTENT NOT DISCUSSED)

Physical health: NOT ASSESSED

Case No 6846108

Case Active 31/12/2022 00:17

Case Type Direct Referral ED

Occupation/activity: NOT ASSESSED
Housing and finances: NOT ASSESSED
RAG Social and personal risks: Not known

Risk from substance misuse:
Substance abuse risk: NIL
RAG Risk from substance misuse: Green

Any other issues:
Other issues: PT LIVES CLOSE TO THE QUEEN ELIZABETH UNIVERSITY HOSPITAL. PARTNER STATES THAT SHE CAN TAKE HER THERE TONIGHT FOR ASSESSMENT.
RAG Any other issues: Green

Overall impression:
Overall impression: PARTNER CALLED WITH PT IN THE ROOM: PT HAS TAKEN 5 QUETIAPINE TONIGHT OF 100MG WITH INTENT TO END HER LIFE. THIS WAS TAKEN AT APPROXIMATELY 00:00. PT ALSO TOLD PARTNER TO PLUNGE A KNIFE INTO HER CHEST AS SHE WANTS TO END HER LIFE. PARTNER STATED PT HAS HX OF SUICIDE ATTEMPT AROUND THIS TIME LAST YEAR. MHNP ASHLEY MCKEITCH PROVIDED CLINICAL SUPERVISION: DOSE UNLIKELY TO BE TOXIC BASED ON PT'S SIZE - ROUGHLY 5'2 OR 5'3, SIZE 16-18. PT DOES NOT KNOW THEIR WEIGHT. PT LIVES CLOSE TO THE QUEEN ELIZABETH UNIVERSITY HOSPITAL. PARTNER STATES THAT SHE CAN TAKE HER THERE TONIGHT FOR ASSESSMENT.
RAG Overall impression: Red
RAG Summary: Red:5 Amber:0 Green:4 Not known:1

Call Detail(s):
Clinical supervisor: MHNP ASHLEY MCKEITCH
Call reason: Suicidal acts
31:12:2022 00:41:12 GRIFFITHB...PARTNER CALLED WITH PT IN THE ROOM: PT HAS TAKEN 5 QUETIAPINE TONIGHT OF 100MG WITH INTENT TO END HER LIFE. THIS WAS TAKEN AT APPROXIMATELY 00:00... PT ALSO TOLD PARTNER TO PLUNGE A KNIFE INTO HER CHEST AS SHE WANTS TO END HER LIFE. PARTNER STATED PT HAS HX OF SUICIDE ATTEMPT AROUND THIS TIME LAST YEAR... MHNP ASHLEY MCKEITCH PROVIDED CLINICAL SUPERVISION: DOSE UNLIKELY TO BE TOXIC BASED ON PT'S SIZE - ROUGHLY 5'2 OR 5'3, SIZE 16-18. PT DOES NOT KNOW THEIR WEIGHT... PT LIVES CLOSE TO THE QUEEN ELIZABETH UNIVERSITY HOSPITAL. PARTNER STATES THAT SHE CAN TAKE HER THERE TONIGHT FOR ASSESSMENT. WORSENING STATEMENT GIVEN... DW MHNP ASHLEY MCKEITCH. OUTCOME - PT ADVISED TO GO TO A&E...
Outcome: Patient advised to go to A&E

NHS24 Disposition
Accident & Emergency (ASAP)
NHS24 Nurse Comments

Reported Condition **Received By**

Received

TAS Assessment **Assessed By**

TAS Assess Start
TAS Assess End

Consultation **Consult By**

Consult Start
Consult End

Examination Details

Clinical Codes

Diagnosis

Treatment

Prescriptions

Follow-up(s)

Thyroid funct test View Cumulative Results

Collected 25-Feb-2026 11:43 Received 25-Feb-2026 17:33
Reported 26-Feb-2026 10:27 Order Number B,26.7155886.J
Status Final Source System Telepath
Comments Suggests poor compliance or inadequate dose
REQUESTOR**on levothyroxine

Test	Result	Ref. Range (Units)	Abnormality
TSH	* 66.14	0.35 - 5.00 mU/L (mU/L)	Abnormal - high
Free T4	* 8.3	9.0 - 21.0 pmol/L (pmol/L)	Abnormal - low
Total T3			

* Abnormal ** Critically Abnormal

Thyroid funct test View Cumulative Results

Collected 31-Jul-2025 11:12 Received 31-Jul-2025 15:49
Reported 31-Jul-2025 18:12 Order Number B,25.7772576.E
Status Final Source System Telepath
Comments REQUESTOR**TATT - course folic acid ...

Test	Result	Ref. Range (Units)	Abnormality
TSH	1.11	0.35 - 5.00 mU/L (mU/L)	
Free T4	11.6	9.0 - 21.0 pmol/L (pmol/L)	
Total T3			

* Abnormal ** Critically Abnormal

Urea & Electrolytes View Cumulative Results

Collected 22-May-2025 10:00 Received 22-May-2025 15:57
 Reported 22-May-2025 19:42 Order Number B,25.7526921.D
 Status Final Source System Telepath

Comments REQUESTOR**TAT, weight gain
 REPORT**Clyde Haematology Labs are a UKAS accredited medical lab.
 (No 8046) for all tests except Sickle Cell Screening

Test	Result	Ref. Range (Units)	Abnormality
Sodium	139	133 - 146 mmol/L (mmol/L)	
Potassium	4.2	3.5 - 5.3 mmol/L (mmol/L)	
Chloride	105	95 - 108 mmol/L (mmol/L)	
Urea	5.2	2.5 - 7.8 mmol/L (mmol/L)	
Creatinine	81	40 - 130 umol/L (umol/L)	
Estimated GFR	>60	>60 ml/min (ml/min)	

* Abnormal ** Critically Abnormal

Thyroid funct test [View Cumulative Results](#)

Collected 22-May-2025 10:00 Received 22-May-2025 15:57
Reported 22-May-2025 19:42 Order Number B,25.7526921.D
Status Final Source System Telepath

Comments REQUESTOR**TAT, weight gain
REPORT**Clyde Haematology Labs are a UKAS accredited medical lab
(No 8046) for all tests except Sickle Cell Screening

Test	Result	Ref. Range (Units)	Abnormality
TSH	1.46	0.35 - 5.00 mU/L (mU/L)	
Free T4	12.0	9.0 - 21.0 pmol/L (pmol/L)	
Total T3			

* Abnormal ** Critically Abnormal

Liver Function Tests

[View Cumulative Results](#)

Collected 22-May-2025 10:00 Received 22-May-2025 15:57
Reported 22-May-2025 19:42 Order Number B,25.7526921.D
Status Final Source System Telepath

Comments REQUESTOR**TAT, weight gain
REPORT**Clyde Haematology Labs are a UKAS accredited medical lab
(No 8046) for all tests except Sickle Cell Screening

Test	Result	Ref. Range (Units)	Abnormality
Total Bilirubin	6	≤20 umol/L (umol/L)	
ALT	19	<50 U/L (U/L)	
AST	19	<40 U/L (U/L)	
Alkaline Phosphatase	80	30 - 130 U/L (U/L)	
Albumin	39	35 - 50 g/L (g/L)	

* Abnormal ** Critically Abnormal

HbA1c (IFCC) View Cumulative Results

Collected 22-May-2025 10:00 Received 22-May-2025 15:58
Reported 23-May-2025 13:42 Order Number B,25.7526919.Z
Status Final Source System Telepath
Comments REQUESTOR**TAT, weight gain

Test	Result	Ref. Range (Units)	Abnormality
HbA1c (IFCC)	34	20 - 41 mmol/mol (mmol/mol)	

* Abnormal ** Critically Abnormal

Glucose View Cumulative Results

Collected 22-May-2025 10:00 Received 22-May-2025 15:57
Reported 22-May-2025 17:22 Order Number B,25.7526918.S
Status Final Source System Telepath
Comments Non-fasting sample
REQUESTOR**TAT, weight gain

Test	Result	Ref. Range (Units)	Abnormality
Glucose	4.8	3.5 - 6.0 mmol/L (mmol/L)	

* Abnormal ** Critically Abnormal

Urea & Electrolytes [View Cumulative Results](#)

Collected 29-Dec-2024 18:55 Received 29-Dec-2024 19:50
Reported 29-Dec-2024 20:27 Order Number B,24.9278126.Z
Status Final Source System Telepath
Comments REQUESTOR**overdose of quetiapine a....

Test	Result	Ref. Range (Units)	Abnormality
Sodium	141	133 - 146 mmol/L (mmol/L)	
Potassium	3.8	3.5 - 5.3 mmol/L (mmol/L)	
Chloride	108	95 - 108 mmol/L (mmol/L)	
Urea	3.5	2.5 - 7.8 mmol/L (mmol/L)	
Creatinine	83	40 - 130 umol/L (umol/L)	
Estimated GFR	>60	>60 ml/min (ml/min)	

* Abnormal ** Critically Abnormal

Liver Function Tests [View Cumulative Results](#)

Collected 29-Dec-2024 18:55 Received 29-Dec-2024 19:50
Reported 29-Dec-2024 20:27 Order Number B,24.9278126.Z
Status Final Source System Telepath
Comments REQUESTOR**overdose of quetiapine a...

Test	Result	Ref. Range (Units)	Abnormality
Total Bilirubin	12	<20 umol/L (umol/L)	
ALT	28	<50 U/L (U/L)	
AST	22	<40 U/L (U/L)	
Alkaline Phosphatase	83	30 - 130 U/L (U/L)	
Albumin	38	35 - 50 g/L (g/L)	

* Abnormal ** Critically Abnormal

HCG View Cumulative Results

Collected 29-Dec-2024 18:55 Received 29-Dec-2024 19:50
Reported 29-Dec-2024 20:27 Order Number B,24.9278126.Z
Status Final Source System Telepath
Comments REQUESTOR**overdose of quetiapine a....

Test	Result	Ref. Range (Units)	Abnormality
Beta HCG	<2	0 - 5 U/L (U/L)	

* Abnormal ** Critically Abnormal

Glucose View Cumulative Results

Collected 29-Dec-2024 18:55 Received 29-Dec-2024 19:50
Reported 29-Dec-2024 20:17 Order Number B,24.9278127,Q
Status Final Source System Telepath
Comments Non-fasting sample
REQUESTOR**overdose of quetiapine a....

Test	Result	Ref. Range (Units)	Abnormality
Glucose	5.0	3.5 - 6.0 mmol/L (mmol/L)	

* Abnormal ** Critically Abnormal

C-reactive Protein [View Cumulative Results](#)

Collected 29-Dec-2024 18:55 Received 29-Dec-2024 19:50
Reported 29-Dec-2024 20:27 Order Number B,24.9278126.Z
Status Final Source System Telepath
Comments REQUESTOR**overdose of quetiapine a....

Test	Result	Ref. Range (Units)	Abnormality
C Reactive Protein	* 12	0 - 10 mg/L (mg/L)	Abnormal - high

* Abnormal ** Critically Abnormal

Bone Profile View Cumulative Results

Collected 29-Dec-2024 18:55 Received 29-Dec-2024 19:50
Reported 29-Dec-2024 20:27 Order Number B,24.9278,126.Z
Status Final Source System Telepath
Comments REQUESTOR**overdose of quetiapine a....

Test	Result	Ref. Range (Units)	Abnormality
Calcium	2.29	2.20 - 2.60 mmol/L (mmol/L)	
Calcium (adjusted)	2.37	2.20 - 2.60 mmol/L (mmol/L)	
Phosphate	1.12	0.80 - 1.50 mmol/L (mmol/L)	
Albumin	38	35 - 50 g/L (g/L)	
Alkaline Phosphatase	83	30 - 130 U/L (U/L)	

* Abnormal ** Critically Abnormal

Thyroid funct test View Cumulative Results

Collected 23-Oct-2024 10:11 Received 23-Oct-2024 15:57

Reported 24-Oct-2024 08:17 Order Number B,24.8035333.T

Status Final Source System Telepath

Comments Indicates at least adequate replacement with thyroxine
Target therapeutic range for TSH on thyroxine replacement
is TSH within ref range if treatment is for primary hypothyroidism
REQUESTOR**monitoring

Test	Result	Ref. Range (Units)	Abnormality
TSH	* 0.03	0.35 - 5.00 mU/L (mU/L)	Abnormal - low
Free T4	16.2	9.0 - 21.0 pmol/L (pmol/L)	
Total T3			

* Abnormal ** Critically Abnormal

Urea & Electrolytes [View Cumulative Results](#)

Collected 17-Jun-2024 14:01 Received 17-Jun-2024 18:10

Reported 18-Jun-2024 12:57 Order Number B,24.7593495.K

Status Final Source System Telepath

Comments REQUESTOR**tatt on thyroxine
 REPORT**Clyde Haematology Labs are a UKAS accredited medical lab
 (No 8046) for all tests except Sickle Cell Screening

Test	Result	Ref. Range (Units)	Abnormality
Sodium	140	133 - 146 mmol/L (mmol/L)	
Potassium	4.0	3.5 - 5.3 mmol/L (mmol/L)	
Chloride	102	95 - 108 mmol/L (mmol/L)	
Urea	3.9	2.5 - 7.8 mmol/L (mmol/L)	
Creatinine	86	40 - 130 umol/L (umol/L)	
Estimated GFR	>60	>60 ml/min (ml/min)	

* Abnormal ** Critically Abnormal

Transferrin / Iron View Cumulative Results

Collected 17-Jun-2024 14:01 Received 17-Jun-2024 18:10

Reported 18-Jun-2024 12:57 Order Number B,24.7593495.K

Status Final Source System Telepath

Comments REQUESTOR**tatt on thyroxine
 REPORT**Clyde Haematology Labs are a UKAS accredited medical lab
 (No 8046) for all tests except Sickle Cell Screening

Test	Result	Ref. Range (Units)	Abnormality
Transferrin	3.30	2.00 - 4.00 g/L (g/L)	
Iron	20	10 - 30. umol/L (umol/L)	
T'ferrin Saturation	* 24	25 - 50 % (%)	Abnormal - low

* Abnormal ** Critically Abnormal

Thyroid funct test [View Cumulative Results](#)

Collected 17-Jun-2024 14:01 Received 17-Jun-2024 18:10
Reported 18-Jun-2024 12:57 Order Number B,24.7593495.K
Status Final Source System Telepath

Comments Suggests poor compliance or inadequate dose
REQUESTOR**tatt on thyroxine
REPORT**Clyde Haematology Labs are a UKAS accredited medical lab
(No 8046) for all tests except Sickle Cell Screening

Test	Result	Ref. Range (Units)	Abnormality
TSH	* 7.65	0.35 - 5.00 mU/L (mU/L)	Abnormal - high
Free T4	14.1	9.0 - 21.0 pmol/L (pmol/L)	
Total T3			

* Abnormal ** Critically Abnormal

Liver Function Tests [View Cumulative Results](#)

Collected 17-Jun-2024 14:01 Received 17-Jun-2024 18:10
 Reported 18-Jun-2024 12:57 Order Number B,24.7593495.K
 Status Final Source System Telepath

Comments REQUESTOR**tatt on thyroxine
 REPORT**Clyde Haematology Labs are a UKAS accredited medical lab
 (No 8046) for all tests except Sickle Cell Screening

Test	Result	Ref. Range (Units)	Abnormality
Total Bilirubin	9	<20 umol/L (umol/L)	
ALT	15	<50 U/L (U/L)	
AST	19	<40 U/L (U/L)	
Alkaline Phosphatase	90	30 - 130 U/L (U/L)	
Albumin	40	35 - 50 g/L (g/L)	

* Abnormal ** Critically Abnormal

Lipid profile View Cumulative Results

Collected 17-Jun-2024 14:01 Received 17-Jun-2024 18:10
 Reported 18-Jun-2024 12:57 Order Number B,24.7593495.K
 Status Final Source System Telepath

Comments REQUESTOR**tatt on thyroxine
 REPORT**Clyde Haematology Labs are a UKAS accredited medical lab
 (No 8046) for all tests except Sickle Cell Screening

Test	Result	Ref. Range (Units)	Abnormality
Cholesterol	6.1	(mmol/L)	
Triglycerides	1.7	0.2 - 2.3 mmol/L (mmol/L)	
HDL Cholesterol	1.3	(mmol/L)	
LDL-Cholest (calc'd)	4.0	(mmol/L)	
VLDL-Chol (calc'd)	0.8	(mmol/L)	
Chol/HDL ratio	4.7		

* Abnormal ** Critically Abnormal

HbA1c (IFCC) [View Cumulative Results](#)

Collected 17-Jun-2024 14:01 Received 17-Jun-2024 18:08
Reported 18-Jun-2024 09:27 Order Number B,24.7593493.A
Status Final Source System Telepath
Comments REQUESTOR**tatt on thyroxine

Test	Result	Ref. Range (Units)	Abnormality
HbA1c (IFCC)	36	20 - 41 mmol/mol (mmol/mol)	

* Abnormal ** Critically Abnormal

Glucose View Cumulative Results

Collected 17-Jun-2024 14:01 Received 17-Jun-2024 18:10
Reported 17-Jun-2024 19:17 Order Number B,24.7593494.C
Status Final Source System Telepath
Comments Non-fasting sample
REQUESTOR**tatt on thyroxine

Test	Result	Ref. Range (Units)	Abnormality
Glucose	4.9	3.5 - 6.0 mmol/L (mmol/L)	

* Abnormal ** Critically Abnormal

Bone Profile View Cumulative Results

Collected 17-Jun-2024 14:01 Received 17-Jun-2024 18:10

Reported 18-Jun-2024 12:57 Order Number B,24.7593495.K

Status Final Source System Telepath

Comments REQUESTOR**tatt on thyroxine
 REPORT**Clyde Haematology Labs are a UKAS accredited medical lab
 (No 8046) for all tests except Sickle Cell Screening

Test	Result	Ref. Range (Units)	Abnormality
Calcium	2.33	2.20 - 2.60 mmol/L (mmol/L)	
Calcium (adjusted)	2.38	2.20 - 2.60 mmol/L (mmol/L)	
Phosphate	1.17	0.80 - 1.50 mmol/L (mmol/L)	
Albumin	40	35 - 50 g/L (g/L)	
Alkaline Phosphatase	90	30 - 130 U/L (U/L)	

* Abnormal ** Critically Abnormal

Thyroid funct test View Cumulative Results

Collected 09-Aug-2023 11:54 Received 09-Aug-2023 16:40
Reported 10-Aug-2023 10:27 Order Number B,23.1968671.W
Status Final Source System Telepath
Comments REQUESTOR**wt gain/TATT

Test	Result	Ref. Range (Units)	Abnormality
TSH	* 0.17	0.35 - 5.00 mU/L (mU/L)	Abnormal - low
Free T4	15.9	9.0 - 21.0 pmol/L (pmol/L)	
Total T3			

* Abnormal ** Critically Abnormal

Thyroid funct test View Cumulative Results

Collected 20-Jan-2023 09:59 Received 20-Jan-2023 12:58
Reported 20-Jan-2023 16:07 Order Number B,23.0710548.L
Status Final Source System Telepath
Comments REQUESTOR**review

Test	Result	Ref. Range (Units)	Abnormality
TSH	* 0.24	0.35 - 5.00 mU/L (mU/L)	Abnormal - low
Free T4	15.6	9.0 - 21.0 pmol/L (pmol/L)	
Total T3			

* Abnormal ** Critically Abnormal

Urea & Electrolytes View Cumulative Results

Collected 31-Dec-2022 02:30 Received 31-Dec-2022 02:50
Reported 31-Dec-2022 03:17 Order Number B,22,2676365.N
Status Final Source System Telepath
Comments REQUESTOR**overdose

Test	Result	Ref. Range (Units)	Abnormality
Sodium	139	133 - 146 mmol/L (mmol/L)	
Potassium	3.9	3.5 - 5.3 mmol/L (mmol/L)	
Chloride	107	95 - 108 mmol/L (mmol/L)	
Urea	4.2	2.5 - 7.8 mmol/L (mmol/L)	
Creatinine	65	40 - 130 umol/L (umol/L)	
Estimated GFR	>60	>60 ml/min (ml/min)	

* Abnormal ** Critically Abnormal

Salicylate View Cumulative Results

Collected 31-Dec-2022 02:30 Received 31-Dec-2022 02:50
Reported 31-Dec-2022 03:17 Order Number B,22.2676365.N
Status Final Source System Telepath
Comments REQUESTOR**overdose

Test	Result	Ref. Range (Units)	Abnormality
Salicylate	<50	(mg/L)	

* Abnormal ** Critically Abnormal

Paracetamol View Cumulative Results

Collected 31-Dec-2022 02:30 Received 31-Dec-2022 02:50
Reported 31-Dec-2022 03:17 Order Number B,22.2676365.N
Status Final Source System Telepath
Comments Note from 04/07/16 detection limit for paracetamol is 5 mg/L.
REQUESTOR**overdose

Test	Result	Ref. Range (Units)	Abnormality
Paracetamol	<5	(mg/L)	

* Abnormal ** Critically Abnormal

Magnesium

View Cumulative Results

Collected 31-Dec-2022 02:30 Received 31-Dec-2022 02:50
Reported 31-Dec-2022 03:17 Order Number B,22.2676365.N
Status Final Source System Telepath
Comments REQUESTOR**overdose

Test	Result	Ref. Range (Units)	Abnormality
Magnesium	* 0.68	0.70 - 1.00 mmol/L (mmol/L)	Abnormal - low

* Abnormal ** Critically Abnormal

Liver Function Tests View Cumulative Results

Collected 31-Dec-2022 02:30 Received 31-Dec-2022 02:50
Reported 31-Dec-2022 03:17 Order Number B,22,2676365:N
Status Final Source System Telepath
Comments REQUESTOR**overdose

Test	Result	Ref. Range (Units)	Abnormality
Total Bilirubin	11	<20 umol/L (umol/L)	
ALT	15	<50 U/L (U/L)	
AST	15	<40 U/L (U/L)	
Alkaline Phosphatase	81	30 - 130 U/L (U/L)	
Albumin	37	35 - 50 g/L (g/L)	

* Abnormal ** Critically Abnormal

Lactate View Cumulative Results

Collected 31-Dec-2022 02:30 Received 31-Dec-2022 02:50
Reported 31-Dec-2022 03:17 Order Number B,22.2676364.G
Status Final Source System Telepath
Comments REQUESTOR**overdose

Test	Result	Ref. Range (Units)	Abnormality
Lactate	1.0	0.6 - 2.2 mmol/L (mmol/L)	

* Abnormal ** Critically Abnormal

Glucose View Cumulative Results

Collected 31-Dec-2022 02:30 Received 31-Dec-2022 02:50
Reported 31-Dec-2022 03:17 Order Number B,22.2676364.G
Status Final Source System Telepath
Comments REQUESTOR**overdose

Test	Result	Ref. Range (Units)	Abnormality
Glucose	* 6.2	3.5 - 6.0 mmol/L (mmol/L)	Abnormal - high

* Abnormal ** Critically Abnormal

Ethanol View Cumulative Results

Collected 31-Dec-2022 02:30 Received 31-Dec-2022 02:50
Reported 31-Dec-2022 03:17 Order Number B;22.2676364.G
Status Final Source System Telepath
Comments REQUESTOR**overdose

Test	Result	Ref. Range (Units)	Abnormality
Ethanol	<10	(mg/dL)	

* Abnormal ** Critically Abnormal

Creatine Kinase [View Cumulative Results](#)

Collected 31-Dec-2022 02:30 Received 31-Dec-2022 02:50
Reported 31-Dec-2022 03:17 Order Number B,22.2676365.N
Status Final Source System Telepath
Comments REQUESTOR**overdose

Test	Result	Ref. Range (Units)	Abnormality
Creatine Kinase	59	25 - 200 U/L (U/L)	

* Abnormal ** Critically Abnormal

C-reactive Protein View Cumulative Results

Collected 31-Dec-2022 02:30 Received 31-Dec-2022 02:50
Reported 31-Dec-2022 03:17 Order Number B,22.2676365.N
Status Final Source System Telepath
Comments REQUESTOR**overdose

Test	Result	Ref. Range (Units)	Abnormality
C Reactive Protein	7	0 - 10 mg/L (mg/L)	

* Abnormal ** Critically Abnormal

Bone Profile View Cumulative Results

Collected 31-Dec-2022 02:30 Received 31-Dec-2022 02:50
 Reported 31-Dec-2022 03:17 Order Number B,22.2676365.N
 Status Final Source System Telepath
 Comments REQUESTOR**overdose

Test	Result	Ref. Range (Units)	Abnormality
Calcium	2.29	2.20 - 2.60 mmol/L (mmol/L)	
Calcium (adjusted)	2.41	2.20 - 2.60 mmol/L (mmol/L)	
Phosphate	1.15	0.80 - 1.50 mmol/L (mmol/L)	
Albumin	37	35 - 50 g/L (g/L)	
Alkaline Phosphatase	81	30 - 130 U/L (U/L)	

* Abnormal ** Critically Abnormal

Thyroid funct test [View Cumulative Results](#)

Collected 17-Nov-2022 09:37 Received 17-Nov-2022 13:00
Reported 17-Nov-2022 15:12 Order Number B,22.2534785.M
Status Final Source System Telepath
Comments REQUESTOR**annual bloods

Test	Result	Ref. Range (Units)	Abnormality
TSH	0.38	0.35 - 5.00 mU/L (mU/L)	
Free T4	12.5	9.0 - 21.0 pmol/L (pmol/L)	
Total T3			

* Abnormal ** Critically Abnormal

Serum Folate [View Cumulative Results](#)

Collected 31-Jul-2025 11:12 Received 31-Jul-2025 15:49
Reported 31-Jul-2025 18:12 Order Number B,25.7772576.E
Status Final Source System Telepath
Comments REQUESTOR**TATT - course folic acid ...

Test	Result	Ref. Range (Units)	Abnormality
Serum Folate	16.8	3.1 - 20.0 ug/l (ug/l)	

* Abnormal ** Critically Abnormal

Serum Folate [View Cumulative Results](#)

Collected 22-May-2025 10:00 Received 22-May-2025 15:57

Reported 22-May-2025 19:42 Order Number B,25.7526921.D

Status Final Source System Telepath

Comments REQUESTOR**TAT, weight gain
REPORT**Clyde Haematology Labs are a UKAS accredited medical lab
(No 8046).for all tests except Sickle Cell Screening

Test	Result	Ref. Range (Units)	Abnormality
Serum Folate	* 2.4	3.1 - 20.0 ug/l (ug/l)	Abnormal - low

* Abnormal ** Critically Abnormal

Serum Ferritin View Cumulative Results

Collected 22-May-2025 10:00 Received 22-May-2025 15:57

Reported 22-May-2025 19:42 Order Number B,25.7526921.D

Status Final Source System Telepath

Comments Males 15-300 (<15 iron deficiency)
Females 15-200 (<15 iron deficiency)
15-50 intermediate result. Consider iron deficiency
in anaemic patients, older patients and those
with inflammatory disease.
REQUESTOR**TAT, weight gain
REPORT**Clyde Haematology Labs are a UKAS accredited medical lab
(No 8046) for all tests except Sickle Cell Screening

Test	Result	Ref. Range (Units)	Abnormality
Serum Ferritin	42	15 - 200 ug/l (ug/l)	

* Abnormal ** Critically Abnormal

Full Blood Count View Cumulative Results

Collected 22-May-2025 10:00 Received 22-May-2025 15:58
 Reported 22-May-2025 16:57 Order Number B,25.7526920.R
 Status Final Source System Telepath
 Comments REQUESTOR**TAT, weight gain
 REPORT**Clyde Haematology Labs are a UKAS accredited medical lab
 (No 8046) for all tests except Sickle Cell Screening

Test	Result	Ref. Range (Units)	Abnormality
White Blood Count	8.1	4.0 - 10.0 x10 ⁹ /l (x10 ⁹ /l)	
Red Cell Count	4.48	3.80 - 5.80 x10 ¹² /l (x10 ¹² /l)	
Haemoglobin	133	115 - 165 g/l (g/l)	
Haematocrit	0.417	0.370 - 0.470 l/l (l/l)	
Mean Cell Volume	93.1	83.0 - 101.0 fl (fl)	
MCH	29.7	27.0 - 32.0 pg (pg)	
Platelet Count	210	150 - 410 x10 ⁹ /l (x10 ⁹ /l)	
Neutrophils	5.9	2.0 - 7.0 x10 ⁹ /l (x10 ⁹ /l)	
Lymphocytes	1.4	1.1 - 5.0 x10 ⁹ /l (x10 ⁹ /l)	
Monocytes	0.7	0.2 - 1.0 x10 ⁹ /l (x10 ⁹ /l)	
Eosinophils	0.08	0.02 - 0.50 x10 ⁹ /l (x10 ⁹ /l)	
Basophils	0	0.0 - 0.1 x10 ⁹ /l (x10 ⁹ /l)	
Nucleated RBC	0	(x10 ⁹ /l)	

* Abnormal ** Critically Abnormal

ESR View Cumulative Results

Collected 22-May-2025 10:00 Received 22-May-2025 15:58
Reported 22-May-2025 16:57 Order Number B,25,7526920.R
Status Final Source System Telepath

Comments REQUESTOR**TAT, weight gain
REPORT**Clyde Haematology Labs are a UKAS accredited medical lab
(No 8046) for all tests except Sickle Cell Screening

Test	Result	Ref. Range (Units)	Abnormality
ESR	9	0 - 12 mm/hr (mm/hr)	

* Abnormal ** Critically Abnormal

Active B12 View Cumulative Results

Collected 22-May-2025 10:00 Received 22-May-2025 15:57
 Reported 22-May-2025 19:42 Order Number B,25.7526921.D
 Status Final Source System Telepath

Comments Result in indeterminate range (25 - 70 pmol/L).
 Consider treatment for B12 deficiency in following patient groups:
 - Patients with a condition which may deteriorate quickly and have a severe effect on QoL (neurological, haematological cond'ns)
 - Patients who are pregnant or breast feeding.
 - Patients with a recognised cause of B12 deficiency (surgery or autoimmune gastritis).
 Otherwise consider other causes of symptoms and if necessary repeat active B12 level at 3-6 months.
 Note change in the B12 assay to an active B12 assay from 14/5/24.
 REQUESTOR**TAT, weight gain
 REPORT**Clyde Haematology Labs are a UKAS accredited medical lab (No 8046) for all tests except Sickle Cell Screening

Test	Result	Ref. Range (Units)	Abnormality
Active B12	54	>25 pmol/L: (pmol/L)	

* Abnormal ** Critically Abnormal

Full Blood Count View Cumulative Results

Collected 29-Dec-2024 18:55 Received 29-Dec-2024 19:10

Reported 29-Dec-2024 19:17 Order Number B,24.9278130.Z

Status Final Source System Telepath

Comments REQUESTOR**overdose of quetiapine a...
REPORT**Clyde Haematology Labs are a UKAS accredited medical lab
(No 8046) for all tests except Sickle Cell Screening

Test	Result	Ref. Range (Units)	Abnormality
White Blood Count	7.4	4.0 - 10.0 x10 ⁹ /l (x10 ⁹ /l)	
Red Cell Count	4.41	3.80 - 5.80 x10 ¹² /l (x10 ¹² /l)	
Haemoglobin	129	115 - 165 g/l (g/l)	
Haematocrit	0.399	0.370 - 0.470 l/l (l/l)	
Mean Cell Volume	90.5	83.0 - 101.0 fl (fl)	
MCH	29.3	27.0 - 32.0 pg (pg)	
Platelet Count	199	150 - 410 x10 ⁹ /l (x10 ⁹ /l)	
Neutrophils	5.0	2.0 - 7.0 x10 ⁹ /l (x10 ⁹ /l)	
Lymphocytes	1.9	1.1 - 5.0 x10 ⁹ /l (x10 ⁹ /l)	
Monocytes	0.4	0.2 - 1.0 x10 ⁹ /l (x10 ⁹ /l)	
Eosinophils	0.06	0.02 - 0.50 x10 ⁹ /l (x10 ⁹ /l)	
Basophils	0	0.0 - 0.1 x10 ⁹ /l (x10 ⁹ /l)	
Nucleated RBC			

* Abnormal ** Critically Abnormal

Serum Folate View Cumulative Results

Collected 17-Jun-2024 14:01 Received 17-Jun-2024 18:10
 Reported 18-Jun-2024 12:57 Order Number B,24.7593495.K
 Status Final Source System Telepath
 Comments REQUESTOR**tatt on thyroxine
 REPORT**Clyde Haematology Labs are a UKAS accredited medical lab
 (No 8046) for all tests except Sickle Cell Screening

Test	Result	Ref. Range (Units)	Abnormality
Serum Folate	7.0	3.1 - 20.0 ug/l (ug/l)	

* Abnormal ** Critically Abnormal

Full Blood Count View Cumulative Results

Collected 17-Jun-2024 14:01 Received 17-Jun-2024 16:14
 Reported 17-Jun-2024 16:32 Order Number B,24.9136342.W
 Status Final Source System Telepath
 Comments REQUESTOR**tatt on thyroxine
 REPORT**Clyde Haematology Labs are a UKAS accredited medical lab
 (No 8046) for all tests except Sickle Cell Screening

Test	Result	Ref. Range (Units)	Abnormality
White Blood Count	7.0	4.0 - 10.0 x10 ⁹ /l (x10 ⁹ /l)	
Red Cell Count	4.42	3.80 - 5.80 x10 ¹² /l (x10 ¹² /l)	
Haemoglobin	134	115 - 165 g/l (g/l)	
Haematocrit	0.411	0.370 - 0.470 l/l (l/l)	
Mean Cell Volume	93.0	83.0 - 101.0 fl (fl)	
MCH	30.3	27.0 - 32.0 pg (pg)	
Platelet Count	223	150 - 410 x10 ⁹ /l (x10 ⁹ /l)	
Neutrophils	5.0	2.0 - 7.0 x10 ⁹ /l (x10 ⁹ /l)	
Lymphocytes	1.5	1.1 - 5.0 x10 ⁹ /l (x10 ⁹ /l)	
Monocytes	0.4	0.2 - 1.0 x10 ⁹ /l (x10 ⁹ /l)	
Eosinophils	0.09	0.02 - 0.50 x10 ⁹ /l (x10 ⁹ /l)	
Basophils	0	0.0 - 0.1 x10 ⁹ /l (x10 ⁹ /l)	
Nucleated RBC			

* Abnormal ** Critically Abnormal.

Active B12 View Cumulative Results

Collected 17-Jun-2024 14:01 Received 17-Jun-2024 18:10
Reported 18-Jun-2024 12:57 Order Number B,24.7593495.K
Status Final Source System Telepath
Comments Note change in the B12 assay to an active B12 assay from 14/5/24.
REQUESTOR**tatt on thyroxine
REPORT**Clyde Haematology Labs are a UKAS accredited medical lab
(No 8046) for all tests except Sickle Cell Screening

Test	Result	Ref. Range (Units)	Abnormality
Active B12	72	>25 pmol/L (pmol/L)	

* Abnormal ** Critically Abnormal

INR View Cumulative Results

Collected 31-Dec-2022 02:30 Received 31-Dec-2022 02:57
Reported 31-Dec-2022 03:32 Order Number B,22.2675543.A
Status Final Source System Telepath
Comments REQUESTOR**overdose
REPORT**South Haematology Labs are an ISO:15189 accredited
laboratory(UKAS)
REPORT**for scope on schedule. Please see the user handbook for
clarification

Test	Result	Ref. Range (Units)	Abnormality
INR	1.0		

* Abnormal ** Critically Abnormal

Full Blood Count View Cumulative Results

Collected 31-Dec-2022 02:30 Received 31-Dec-2022 02:57
 Reported 31-Dec-2022 03:07 Order Number B,22.2675545.K
 Status Final Source System Telepath
 Comments REQUESTOR**overdose
 REPORT**South Haematology Labs are an ISO:15189 accredited
 laboratory(UKAS)
 REPORT**for scope on schedule. Please see the user handbook for
 clarification

Test	Result	Ref. Range (Units)	Abnormality
White Blood Count	* 10.1	4.0 - 10.0 x10 ⁹ /l (x10 ⁹ /l)	Abnormal - high
Red Cell Count	4.50	3.80 - 5.80 x10 ¹² /l (x10 ¹² /l)	
Haemoglobin	133	115 - 165 g/l (g/l)	
Haematocrit	0.402	0.370 - 0.470 l/l (l/l)	
Mean Cell Volume	89.3	83.0 - 101.0 fl (fl)	
MCH	29.6	27.0 - 32.0 pg (pg)	
Platelet Count	211	150 - 410 x10 ⁹ /l (x10 ⁹ /l)	
Neutrophils	* 8.1	2.0 - 7.0 x10 ⁹ /l (x10 ⁹ /l)	Abnormal - high
Lymphocytes	1.4	1.1 - 5.0 x10 ⁹ /l (x10 ⁹ /l)	
Monocytes	0.5	0.2 - 1.0 x10 ⁹ /l (x10 ⁹ /l)	
Eosinophils	0.02	0.02 - 0.50 x10 ⁹ /l (x10 ⁹ /l)	
Basophils	0	0.0 - 0.1 x10 ⁹ /l (x10 ⁹ /l)	
Nucleated RBC	0	(x10 ⁹ /l)	

* Abnormal ** Critically Abnormal

Coagulation Screen [View Cumulative Results](#)

Collected 31-Dec-2022 02:30 Received 31-Dec-2022 02:57
 Reported 31-Dec-2022 03:32 Order Number B,22.2675543.A
 Status Final Source System Telepath
 Comments REQUESTOR**overdose
 REPORT**South Haematology Labs are an ISO:15189 accredited
 laboratory(UKAS)
 REPORT**for scope on schedule. Please see the user handbook for
 clarification

Test	Result	Ref. Range (Units)	Abnormality
Prothrombin Time	11	9 - 13 s (s)	
PT Ratio	1.0		
APTT	33	27 - 36 s (s)	
APTT Ratio	1.0	0.9 - 1.1	
Thrombin time	14	11 - 15 s (s)	
TCT ratio	1.1		

* Abnormal ** Critically Abnormal

I Coeliac Serol (Dx) [View Cumulative Results](#)

Collected 17-Jun-2024 14:01 Received 18-Jun-2024 09:28
Reported 20-Jun-2024 16:57 Order Number B,24.3479567.R
Status Final Source System Telepath

Comments IgA TTG Ab = IgA Tissue Transglutaminase Ab.
Normal = <7.0, equivocal = 7.0-10.0, positive = >10.0.
If screening for coeliac disease, this result is only valid if the
person was eating gluten at least twice a day for previous 6 weeks
IgA coeliac serology has reduced sensitivity if total IgA <0.2g/l
REQUESTOR**tatt on thyroxine

Test	Result	Ref. Range (Units)	Abnormality
TTG Ab (IgA)	0.2	0.0 - 7.0 U/mL (U/mL)	

* Abnormal ** Critically Abnormal

TP-syphilis antibody [View Cumulative Results](#)

Collected 13-Jun-2024 00:00 Received 14-Jun-2024 11:27
Reported 18-Jun-2024 11:57 Order Number V,24.1647491.B
Status Final Source System Telepath
Comments Treponemal (syphilis) antibody NOT detected. Please repeat if at ongoing risk of infection.
This is a PLASMA sample.

Test	Result	Ref. Range (Units)	Abnormality
TP-syphilis antibody	Not detected		

* Abnormal ** Critically Abnormal

HIV antibody/antigen [View Cumulative Results](#)

Collected 13-Jun-2024 00:00 Received 14-Jun-2024 11:27
Reported 18-Jun-2024 11:57 Order Number V,24.1647491.B
Status Final Source System Telepath
Comments This is a PLASMA sample.

Test	Result	Ref. Range (Units)	Abnormality
HIV antibody/antigen	Not detected		

* Abnormal ** Critically Abnormal

Hepatitis C PCR [View Cumulative Results](#)

Collected 13-Jun-2024 00:00 Received 14-Jun-2024 11:27
Reported 18-Jun-2024 11:57 Order Number V,24.1647491.B
Status Final Source System Telepath
Comments In the absence of RNA (by RT-PCR) there is no evidence of ongoing hepatitis C infection.
Not UKAS Accredited
This is a PLASMA sample.

Test	Result	Ref. Range (Units)	Abnormality
Hepatitis C RNA :	Not detected		
Hepatitis C load :	<12	(IU/mL)	

* Abnormal ** Critically Abnormal

Anti-HBcore IgG View Cumulative Results

Collected 13-Jun-2024 00:00 Received 14-Jun-2024 11:27
Reported 18-Jun-2024 11:57 Order Number V,24.1647491.B
Status Final Source System Telepath
Comments No evidence of previous exposure to HBV.
This is a PLASMA sample.

Test	Result	Ref. Range (Units)	Abnormality
Anti-HBcore IgG :	Not detected		

* Abnormal ** Critically Abnormal

TP-syphilis antibody [View Cumulative Results](#)

Collected 09-Sep-2022 00:00 Received 12-Sep-2022 11:28
Reported 14-Sep-2022 09:47 Order Number V,22.1660094.X
Status Final Source System Telepath
Comments Treponemal (syphilis) antibody NOT detected. Please repeat if at ongoing risk of infection.
This is a PLASMA sample.

Test	Result	Ref. Range (Units)	Abnormality
TP-syphilis antibody	Not detected		

* Abnormal ** Critically Abnormal

HIV antibody/antigen [View Cumulative Results](#)

Collected 09-Sep-2022 00:00 Received 12-Sep-2022 11:28
Reported 14-Sep-2022 09:47 Order Number V,22.1660094.X
Status Final Source System Telepath
Comments This is a PLASMA sample.

Test	Result	Ref. Range (Units)	Abnormality
HIV antibody/antigen	Not detected		

* Abnormal ** Critically Abnormal

Hepatitis C PCR [View Cumulative Results](#)

Collected 09-Sep-2022 00:00 Received 12-Sep-2022 11:28
Reported 14-Sep-2022 09:47 Order Number V,22.1660094.X
Status Final Source System Telepath
Comments In the absence of RNA (by RT-PCR) there is no evidence of ongoing hepatitis-C infection.
Tests NOT included in UKAS Accreditation (9319) Scope.
This is a PLASMA sample.

Test	Result	Ref. Range (Units)	Abnormality
Hepatitis C RNA :	Not detected		
Hepatitis C load :	<12	(IU/mL)	

* Abnormal ** Critically Abnormal

Anti-HBcore IgG View Cumulative Results

Collected 09-Sep-2022 00:00 Received 12-Sep-2022 11:28
 Reported 14-Sep-2022 09:47 Order Number V,22.1660094.X
 Status Final Source System Telepath
 Comments No evidence of previous exposure to HBV.
 This is a PLASMA sample.

Test	Result	Ref. Range (Units)	Abnormality
Anti-HBcore IgG :	Not detected		

* Abnormal ** Critically Abnormal

Jamieson, Yvonne

ID:1003820107

31-DEC-2022 02:20:15

GREATER GLASGOW SITE-QEED ROUTINE RECORD

10-MAR-1982 (40 yr)
Female

Vent. rate 76 BPM
PR interval 170 ms
QRS duration 80 ms
QT/QTc 400/450 ms
P-R-T axes 62 -27 35

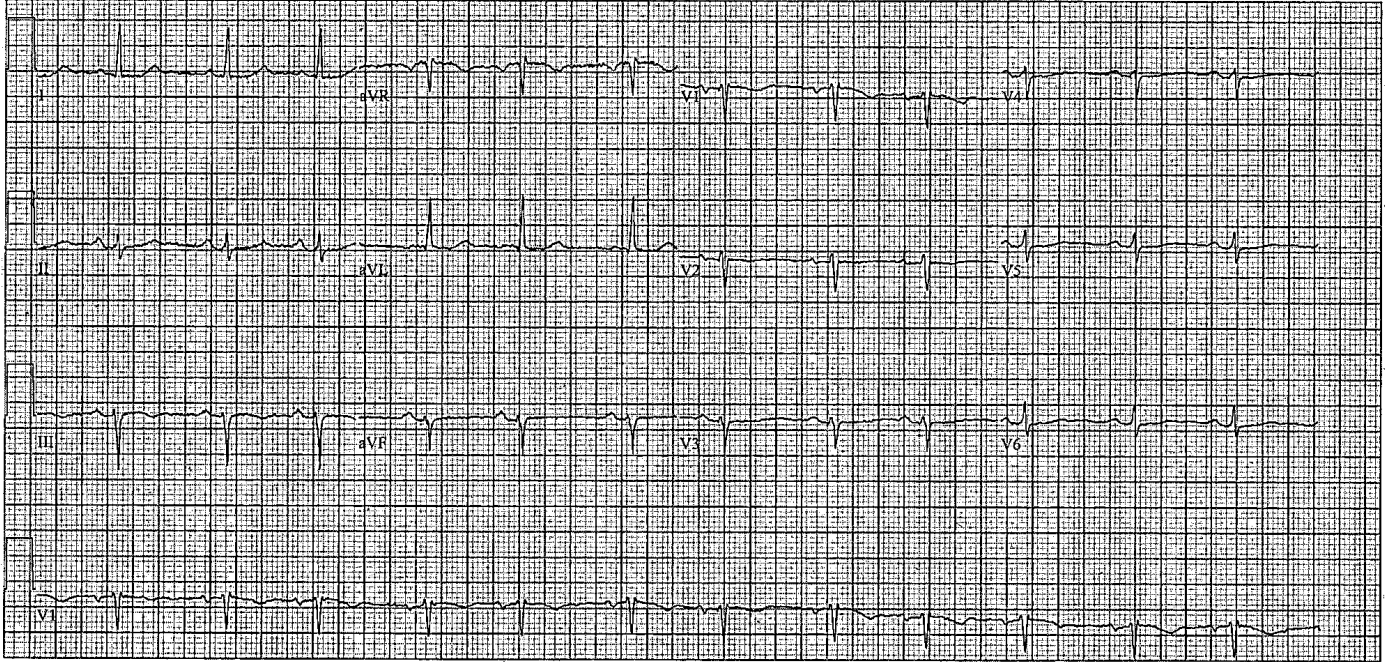
Normal sinus rhythm
Cannot rule out Anterior infarct, age undetermined
Abnormal ECG

Room:
Loc:1301

Technician: B IRVINE
Test ind:

Unconfirmed

COMMENTS:



25mm/s 10mm/mV 100Hz 9.0.10 12SL 241 CID: 2

SID: 5413930 EID: EDT: ORDER: