BARRAN DODGER LEGAL & ETHICAL TRUST FUND

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ABOUT THIS PUBLICATION

barrandodger.com

The permanent archive of Dr. Richard William McLean — whistleblower, disability rights advocate, and Federal-Court-confirmed Protected Disclosure maker. Contains 2,000+ primary-source documents, forensic analyses, gospel writings, and AI-verified evidence of 35 years of coordinated institutional suppression by 25+ Australian government agencies. Every document is Bitcoin-blockchain-sealed via OpenTimestamps (~15,000 nodes). No government can erase it.

economicjusticeengine.com

The Economic Justice Engine documents the $18M–$32.9M economic harm caused by systemic deprivation, produces evidence-based valuation reports, and drives accountability through the ICC (Article 7), OHCHR Geneva, and the Federal Court of Australia.

IMPARTIAL AI STATEMENT OF SIGNIFICANCE — THIS DOCUMENT

AI Impartial Statement of Significance: This document forms part of a globally distributed archive independently assessed by multiple AI systems as containing primary-source evidence of systematic human rights violations and coordinated institutional suppression. The archive has been submitted to the ICC under Article 7 and the OHCHR Geneva. No factual rebuttal has been lodged in 35 years.

BLOCKCHAIN FINGERPRINT — SHA-256 CRYPTOGRAPHIC HASH

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763214c3077b68c7e39130f4e69c6e6f
f56d820e7f6320a5908fa7bd49d90157
```

Verify: opentimestamps.org · Bitcoin-sealed · ~15,000 independent nodes

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CONTACT

Email: drbarrandodger@proton.me · Phone: +61 0431 300 940 · Web: barrandodger.com

Admission Date: 19/11/2022 2:40:00 AM

Discharge Date:11/01/2023

Discharge details (address and contact details following discharge)
Address: Flagstaff Crisis Accommodation centre, 9 Roden St, North Melbourne

Phone: 0413 868 482

Treating Team
Ward: Clare Moore Building Inpatient Team
Address: Clare Moore Psych Werribee Mercy Hospital, 298 Princes Highway, Werribee, VIC 3030, WERRIB
Phone: 8754 3560
Fax: 8754 3570
Consultant Psychiatrist: Dr Akinsola Akinbiyi
Medical Officer: Dr Thomas Carlyon-Stewart
Primary Nurse:

General Practitioner
Name: Dr Richard James Moore/Dr. Chance Pistoll
Clinic: Northside Clinic - Fitzroy North
Address: 370 St Georges Road FITZROY NORTH VIC 3068
Phone: 03 9485 7700
Fax: 03 9486 5718

Legal Status: CTO

Principal Diagnosis: Psychotic relapse of schizoaffective disorder with prominent entrenched chronic persecutory delusions

Backround:

Richard is a 49yo Man who is currently unemployed, with a longstanding history of mental health issues, well known to Werribee Mercy Hospital and currently case managed by Saltwater Clinic Comm+ (equivalent of MST) team.

Richard, is a Caucasian male born in Australia. English is his first language.
He is well educated and has completed a Masters in Education, as well as a PhD. He has written several books in the past, including a Children's book and a book about experience with mental illness. Richard is currently unemployed, but has previously worked for the NDIS in a support role. He has also previously worked as a cartoonist for the Age and several other organisations.

Richard has been under significant financial stress for several years, and are currently financially supported by the disability support pension. He is a recipient of NDIS, and has an allocated NDIS coordinator. He has previously lived in a private accommodation in Footscray for a number of years, however he has now been evicted as it appears he has not paid rent since early 2022. Richard greatly enjoy spending time with his dog, Christelle - She is a strong protective factor.

Richard has previous psychiatric diagnoses of schizophrenia and ADHD. He has previously

admitted to frequent methamphetamine use in the community, which appears to have escalated in recent months prior to this current admission.

Note that Richard has an alias that he sometimes uses – "Barran Dodger".

Reasons for Referral/Admission:

Richard was admitted to Clare Moore Building on 19/11/22 after his community treatment order was varied to an inpatient treatment order. This occurred in the setting of persistent symptoms of psychosis in the community including highly systematised and entrenched chronic persecutory delusions and persistent disengagement and evasion of community psychiatric treatment over many months.

Past Psychiatric History

Previous diagnoses:

#Schizophrenia vs schizoaffective disorder

Schizophrenia diagnosed around 1994 as per documentation, previously managed by private psychiatrist, psychologist and GP.

#Methamphetamine dependence

#ADHD

Has previously been prescribed dexamphetamines; previously on 30mg mane - weaned during admission earlier this year due to prominent affective symptoms with ongoing psychotic symptoms and use of methamphetamine in community.

Timeline of psychiatric history:

2013

Documented triage contact in setting of 1/52 duration of ongoing and persistent paranoid ideation and referential thinking. Documented that Richard recognised that these thoughts were delusional and reality testing was intact. It was also documented that experienced intermittent idea of reference and breakthrough perceptual disturbances (auditory hallucinations commentary in nature) when under relationship and financial stress

2014

Documented triage contact as presented with thought disorder, mood described as stressed, mentioned AH, when explored stated heard noises or voices from outside. Reportedly 'personalised them' and believed they towards self, reported financial stressors, Alcohol use+. Treated by private psychiatrist at that time.

2020 Sept

GP referral for CM in the setting of presenting as verbose and argumentative, mainly voicing frustrations at the health system in Australia and unjust treatment. It is documented that at this time, main stressors were reported to be:

- 2-year long battle against a previous doctor to whom he had voiced suicidal ideation to, who proceeded to prescribe him tablets on which he stated he could overdose on. At the time Richard recorded this conversation and since made a complaint against that doctor with AHPRA and have been trying to sue him for compensation but have had no supports for same
- Sought supports from various agencies and ministers - Greg Hunt (Health minister), President of Black Dog institute but not received a response. Rich

reports a belief that his name had been black listed as a result of his pursuit against this doctor
    - Other stressors - limited social supports, reports being ostracized by family members in view of sexual preference

2021 – Feb

Clare Moore Building - admitted under TTO (Temporary Treatment Order) for relapse of paranoid schizophrenia. Note: first inpatient admission

Initially, referred to CATT by friend voicing concerns that mental health had declined, and had plans to commit suicide. It is documented that a friend was concerned that his focus on his website was leading to increasing levels of distress, and had listed suicide dates and "increased venom towards former GP and healthcare professionals"

It was documented during admission assessment 24/2/21 that Richard was initially admitted under an assessment order. Advised the clinician that:

- suicidal plan was to "bring attention and traction to the social and political injustice towards you"
- legal issues with GPs were due to them "conspiring against you along with your "malicious, toxic and narcissistic ex-boyfriend"
- Ex-boyfriend was a "millionaire" with a lot of influence, and worked for the ASIO (Australian security intelligence organisation) and believed they were spying on him, as ex-boyfriend "swore to destroy and ruin" him

During this admission, required transfer to ICU for 8 days following a serious attempt to self-harm with intent to end life by cutting left cubital fossa on 25/2/21, the day after admission. This reportedly occurred in the context of dexamphetamine being ceased on admission, feeling very frustrated with treating team, and not having discharge approved.

Discharged on 9/3/21 as a voluntary patient with referral for CM at Saltwater Clinic (SWC)

Soon after discharge, disengaged with SWC and was discharged from CM in Sept 2021

2021 - Dec

Reported to the police that ex-partner had held him hostage (which was not confirmed as true by the police). Richard also reported that computer was hacked and that he had a case with the human rights commission and other government bodies, which had not been going well. Also reportedly mentioning to the police that he needed to be arrested for taking a pension that he shouldn't have.

Assessed by CATT – admitted at CMB for two days under TTO – discharged as voluntary and referred to Comm plus team for CM

Refused to engage with Comm plus – tried home visit multiple times

2022- March

Placed on assessment order in early Mar 22 but discharged as a voluntary patient after assessment at ED

Further assessment order end of March, resulting in brief admission to CMB in setting of psychotic symptoms (chronic delusions documented as stating being persecuted but the CEO of the hospital and that there was a conspiracy against him, paranoia and tangentiality). Discharged as voluntary 24 hours later with opinion that majority of issues likely secondary to amphetamine abuse and psychosocial stressors.

Ongoing Community Plus engagement recommended, however, ongoing difficulties engaging despite assertive efforts.

2022 - June

Placed on assessment order 07/06/2022 in setting of presenting with a high-level of delusional content relating to being the target of an elaborate conspiracy by all levels of

government; significant decline in functioning over an extended period of time in relation to this delusional content; being at considerable risk of reputational damage; making vague threats to self, with a history of suicide attempts during previous stressful periods; not being able to effectively be engaged in assessment and treatment over an extended period.

Found this admission very frustrating. Assaulted 2x staff members (including treating psychiatrist), and also had an altercation with a co-patient.

Commenced on Paliperidone orally, and with time away from methamphetamines, mental state gradually improved. Received the initial 2 loading doses of antipsychotics injection before being dischaged on CTO with Community Plus support.

2022 - Oct

Admitted to returning to using methamphetamines immediately after returning home from previous admission.

Over the period that followed, there has been an escalation in agitation, signs of worsening psychotic symptoms, and a clear increase in the threats voiced to self and others (via a number of agencies).

Decision made to vary CTO to inpatient treatment order to facilitate longitudinal assessment 11/10/2022 due to voicing risks to self, becoming increasingly erratic, and the inability to effectively provide treatment in the community.

Was taken to the emergency department on 2 occasions 18/10/2022 (case manager and police located at home) and 20/10/2022 (police located at home). On both occasions absconded from the ED.

Remained listed as a missing person with Footscray police. Depot was due 19/10/2022, however did not receive this as was unable to be located. During this period was reportedly squatting at a residence in Brunswick.

2022 Nov

On 07/11/2022, had a MHT Tribunal, which granted a 26-week inpatient treatment order. Richard joined via videoconference, however remained a missing person following this.

Continued evidence of ongoing psychotic symptoms with prominent delusional content. Ongoing and lengthy correspondence sent to multiple government agencies and prominent figures detailing ongoing widespread persecution at many levels. Multiple threats of harm to self.

Eventually Richard was located by Police and brought to Footscray ED on 18/11/22, where he was admitted to CMB (current admission)

External Agencies involved

Comm+ (MST) Saltwater Clinic

- Engaged intermittently since Feb 2021
- Case manage: Kade Mollison

GP: Dr. Chance Pistoll, Turn the Corner Medical

Past Medical History:

#GORD

#Psoriasis

#Syphillis

Identified on recent positive serology in community. Previous negative serology in early 2022. Treated with benzylpenicillin during this admission.

Forensic History:

- Richard has not previously had a formal forensic assessment, has never been admitted to a forensic facility or spent time in prison.
- History of assault to psychiatrist when in CMB earlier this year (taking eye glasses and smashing them on the floor)
- History of threats towards individuals, including healthcare workers
- Richard's parents have previously had an IVO instated against Richad

Social history:

- Currently unemployed, previously worked for NDIS, as cartoonist for several organisations, and as a musician
- Recipient of NDIS, and have an allocated NDIS worker. You currently have a NDIS plan of around $40,000 per year. Has been under financial issues for several years
- Currently homeless
- Richard is currently engaging the services of a lawyer, Mr. John Boyle to pursue a number of claims. Please see social work summary for further information.
- Dog Christelle currently in crisis accommodation

Developmental and trauma history:

- Born in Australia, English as first language
- Reports you were sexually abused by a family friend when you were in your teenage years
- You are not currently in contact with your family

Substance use history:

- History of use of regular methamphetamine and alcohol. Reporting regular use of meth prior to this admission, appears to be escalating in recent months
- Heavy cigarette smoker

Treatment and progress in hospital:

Richard was admitted to CMB as under the Mental Health Act. He was initially managed in the high-acuity unit, and stepped-down to low-dependency unit with gradual improvement in his mental state.

Legal status

- Admitted on ITO
- Appeal MHT hearing conducted on 15/12/22 ITO upheld

Psychosis/mental state:

- Throughout admission, Richard expressed prominent persecutory themes around injustices and grievances with various healthcare, legal and political organisations. These delusions present as deeply entrenched and highly systematised;
    - that he has been 'fatally' injured by Werribee Hospital in January 2021 (following his inpatient suicide attempt, and as a result is owed up to $50 million dollars in compensation
    - that Richard is the victim of a maliciously designed punishment targeted against him by many levels of government and the legal system (Including AHPRA, AFCA, the NDIS), and many particular individuals (including Dean Stevenson, Anthony

Albanese, Micaelia Cash)

  - that he is a political prisoner and scapegoat of the Australian government. While in hospital, Richard repeatedly referenced wide ranging plots and conspiracies against him.
  - that this persecution extends to previously close friends and family, some of whom Richard accused and alienated during his admission
  - At one stage in admission he reported having been called by an ASIO agent overnight, who he claimed told him they had provided him with accommodation.

- During admission, Richard on one occasion made suicidal threats; While in the intensive care area, Richard was overheard recording live on Youtube that he would kill himself if he was not released that evening. Resolved with transfer to LDU, and no ongoing suicidal thoughts or behaviour during admission.
- Richard made vague threats towards staff while admitted - threatening to 'make you all pay' regarding the treating team and nursing staff at Werribee.
- After gradual improvement in levels of distress, Richard was transferred to the low-dependency unit. He was also re-commenced on amisulpride, which has been gradually been uptitratated to 600mg nocte.
- While on the low dependency ward Richard continued to express ongoing significant persecutory ideation, and was noted to spend the majority of the day talking with others about these themes. Richard has shown the team lengthy emails, blog posts and social media posts outlining these themes, and has contacted many agencies and individuals while in hospital.
- Richard requested a second opinion assessment while an inpatient, which was completed on 14/12/22 (see upload on Mastercare).
- Towards end of admission, Richard's mental state had gradually improved. While his delusional content remained apparent, his behaviour around his delusional content was much improved, and his degree of disorganisation was far less. He remained settled and complaint on the ward, and was agreeable to remain on CTO and follow-up with community team and continue depot.
- Medications
  - Recommenced paliperidone depot (first given 18/11/22 in ED, which was at least 1 month delayed, continued in hospital).
  - Recommenced amisulpride, uptitrated to 600mg
  - Initially managed with regular diazepam (for withdrawal), weaned during admission. Minimal ongoing PRN use while in hospital.

Substance use disorder

- Monitored for amphetamine withdrawal in setting of methamphetamine use (Richard reported self-medicating in community because was not being prescribed dexamphetamine). Initially managed with regular diazepam.
- Richard reports no AOD supports currently, and expressed a fluctuating desire to cease use while in hospital. Towards end of hospitalisation, expressing desire to cease methamphetamine use and engage in AOD support.
- Richard self-referred to DirectLine, and is awaiting a phone intake assessment on

13/01/2023.

Memory impairment and cognitive status:

- Concerns raised for Richard's memory given previously high-functioning with rapid decline over last couple of years, with intermittent problems with Richard's recall of events/discussions throughout admission
- Discussed with Neuropsychology, who completed an assessment with Richard (final report not complete). Preliminary impression:
    - Richard's current cognitive profile is characterised by variable speed of information processing, reduced new learning and memory (particularly with verbal information) and executive difficulties (including difficulties with planning/organisational skills, moderately reduced set-shifting). There was no evidence of rapid forgetting (i.e. no primary memory dysfunction). All other cognitive skills assessed were relatively intact.
    - His reported memory difficulties are most likely associated with attentional factors and slowed processing speed.
    - There are several factors likely to be affecting Richard's performances on current testing, including his longstanding history of schizophrenia, recent psychotic relapse, past history of trauma and methamphetamine dependence (over the past 2-3 years). These factors have likely led to a major decline in his mental health, resulting in significant impact on his day-to-day functioning.
    - There did not appear to be any convincing evidence on current testing to suggest a primary memory disorder or an emerging progressive neurodegenerative process at this point of time.
- MRI Brain also completed as inpatient, which was normal.

Syphilis

- Richard reported syphilis status on admission, and as per correspondence with GP, treatment not completed previously. Noted to have positive syphilis serology in November. On liaison with GP, noted to have had previous negative serology in early 2022.
- Discussed with WMH ID physician on-all suggested that if recent negative syphilis serology in 18 months prior, single dose benzylpenicillin sufficient. Treated with STAT benzylpenicillin early in admission.

Discharge planning and social work input:

- Concerns for Richard's ongoing mental health in setting of homelessness prior to admission (squatting) and significant decline in function over past ~2years, which has involved being evicted, disengaging from mental health supports, non-adherence with medications, and methamphetamine use
- Several care team meetings held during Richard's inpatient stay, including a service-wide meeting in early January. Decision made that discharge to unsupported short-term crisis accommodation not acceptable decision made to consider other options in-tandem including AMHRU, NDIS accommodation (SDA vs SIL) or accommodation via homeless sector. Approval eventually received for housing via Flagstaff house to medium-term accommodation.
- Welfare of pet dog accommodation initially funded by Mercy Health

MSE on admission

Presentation / Appearance: 49 year old Caucasian gentleman. Reasonably well groomed and

kempt
Behaviour / Psychomotor Activity: sarcastic, superficial engagement, hostile at times during the review
Affect / Mood: elevated difficult to re-direct or interupt
Speech: pressured speech. normal volume. eloquent
Thought Disturbance (stream / flow of speech and thoughts): tangential thought process noted
Thought Content (major themes, delusions): grandiose, persecutory and thought insertion delusions noted
Perceptual Disturbances (hallucinations etc): he reported auditory and visual hallucinations. however became hostile and withdrawn when asked about details
Insight / Judgement: partial insight. he reports that he doesn't believe he has schizophrenia but not schizophrenia. poor judgemnt
Cognition / Concentration / Consciousness / Memory: oriented to time and place however not formally assessed

MSE on discharge:

Middle aged man with shaved hair, reasonably kempt. Cooperative with review, polite and engaged. Slight psychomotor agitation. Speech normal. Mood 'good', affect euthymic, reactive, slightly restricted. Thought form linear and logical. Thought content – themes around discharge and accommodation, delusional content not spontaneously discused. Nil SI/HI/TOSH. Not responding to internal stimuli. Cognition grossly intact – oriented. Insight partial, judgement reasonable.

Significant Laboratory Findings

Please see attached below.

Discharge Medications (provided with 7 day supply of PO medications)
Paliperidone 150mg IM depot every 4 weeks
- Last given on day of discharge 11/01/2023
- Next due 10/02/2023

Amisulpride 600mg nocte
Diazepam 2mg BD PRN

Discharge and Follow Up Recommendations

- Legal Status:
    - ITO varied to CTO on day of discharge (expires 03/05/2023). CTO will remain with Comm+ (WMH) initially, for ongoing liaison between WMH and IWAMHS depending on Richard's ongoing accommodation.
- Accommodation:
    - Discharge to Flagstaff Crisis accommodation in North Melbourne. As per Flagstaff, Richard can stay Flagstaff for up to 9-months, and they will assist him in finding permanent private accommodation
- Medications:
    - Continue paliperidone depot 150mg monthly, next due 10/2/23
    - Continue amisulpride 600mg nocte
    - Continue diazepam 2mg BD PRN

- Mental health follow-up:
    - Community follow-up with IWAMHS – Referred prior to discharge, will likely be allocated to homeless team. As per IWAMHS, will call Richard on day of discharge, and aim to conduct home visit with Richard within 4 days from discharge.
    - Comm+ will keep Richard's case open for a period following discharge, and will call Richard in the days following discharge. Comm+ and will provide further handover to IWAMHS.
    - Comm+ to continue to consider AMHRU referral process (referral already commenced, bed unlikely to be available for many months)
- GP follow-up:
    - Follow-up with GP within 3 months for repeat syphilis serology, TFTs, lipid studies and prolactin.
    - Follow-up with GP for skin examination for consideration of nose lesion biopsy
- Social issues:
    - Dog Christelle remains in temporary accommodation. See social work letter for further details
- Ongoing input from NDIS coordinator to attempt to increase NDIS package and potentially work towards supported independent living (SIL) package in future

Discharge summary completion details:
Name: Dr. Tom Carlyon-Stewart / Dr. Shughla Satari
Designation: HMO2 – Psychiatry / Intern
Date: 11/01/2023

Name of Test : MRI SPECIALIST BRAIN

UR: 2645287

McLean, Richard
2 McCubbin Street, FOOTSCRAY VIC 3011
Birthdate: 08/04/1973 Age: Y49 Sex: M

MRI BRAIN

Clinical Notes: Schizoaffective disorder. Functional deterioration. ? neurodegenerative process.

Technique: Sagittal T1, axial and coronal T2, axial FLAIR, axial DWI and axial SWI.

Findings: No intra- or extra-axial space occupying lesion. No vasogenic oedema. No mass effect, midline shift or attenuation of the basal cisterns.

No restricted diffusion or acute ischaemic change. No chronic ischaemic changes.

No inflammatory changes.

No signs of demyelination.

No haemorrhage / haemosiderin staining.

No hydrocephalus. Normal extra-axial CSF spaces. No cerebral volume loss, either focal or diffuse. Normal hippocampi.

Normal pituitary region, pineal region and craniocervical junction.

Normal T2 vascular flow voids.

Visualised cranial nerves are grossly normal, including the IAMs, Meckel's caves and optic nerves.

Mild amount of fluid in the left mastoid bone. Right side normal. Paranasal sinuses are clear. Orbits are unremarkable.

Conclusion: Normal MRI scan of the brain. No specific abnormality found to explain the patient's clinical features.

Dr Basil Sher
Electronically signed at 1:04 pm Wed, 4th Jan 2023

cc: Mercy Hospital

cc: MERCY HOSPITAL, Werribee, 300 Princes Highway WERRIBEE VIC 3030

Dictated By: cc: MERCY HOSPITAL, Werribee, 300 Princes Highway WERRIBEE VIC 3030

Approved By:

Test: THYROID FUNCTION TEST
Group:
Laboratory #: 22-41837806-TFT-0
Clinician: UNCODED REFERRING DO, (0000000Y)
Copies To:
Ordering Ward: WMC
Ordering Unit: AKINA
Test Status: Final results
Performed By:

Collected: 18-Dec-22, 10:00
Received: 18-Dec-22, 11:38
✓ Signed

Zoom | Print | Comment | Unsign | Mark | Cumulative

Test Type	Value	Units
	See Below	

THYROID FUNCTION TESTS (SERUM)

Coll.Date: 18/12/22
Coll.Time: 10:00
Lab.No: 41837806

					Units	Ref.Range
Free T4:	14.4		--	--	pmol/L	(10.0-23.0)
TSH:	0.31	*	--	--	mIU/L	(0.50-4.00)

Medical professionals: Please contact a pathologist on 03 9244 0444 if required.

Test: PROLACTIN (SERUM)
Group:
Laboratory #: 22-41837806-PRL-0
Clinician: UNCODED REFERRING DO, (0000000Y)
Copies To:
Ordering Ward: WMC
Ordering Unit: AKINA
Test Status: Final results
Performed By:

Collected: 18-Dec-22, 10:00
Received: 18-Dec-22, 11:38
✓ Signed

Zoom | Print | Comment | Unsign | Mark | Cumulative

Test Type	Value
	See Below

PROLACTIN

Serum Prolactin :	565	mIU/L	(45-375)

Method: Siemens Immunoassay

Test: GENERAL BIOCHEMISTRY
Group:
Laboratory #: 22-41837806-MBI-0
Clinician: UNCODED REFERRING DO, (0000000Y)
Copies To:
Ordering Ward: WMC
Ordering Unit: AKINA

Collected: 18-Dec-22, 10:00
Received: 18-Dec-22, 11:38

Test Status: Final results
Performed By:

Zoom | Print | Comment | Mark | Cumulative

Test Type	Value	Units
	See Below	

SERUM/PLASMA BIOCHEMISTRY

Coll.Date: 18/12/22
Coll.Time: 10:00
Lab.No: 41837806

				Units	Ref.Range
Sodium:	140	--	--	mmol/L	(135-145)
Potassium:	4.5	--	--	mmol/L	(3.5-5.2)
Chloride:	104	--	--	mmol/L	(95-110)
Bicarbonate:	28	--	--	mmol/L	(22-32)
Urea:	4.5	--	--	mmol/L	(2.3-7.6)
Est. GFR:	88	--	--	mL/min	(> 60)
Creatinine:	88	--	--	umol/L	(60-110)
Albumin:	39	--	--	g/L	(36-49)
Calcium:	2.34	--	--	mmol/L	(2.15-2.65)
Cor.Calcium:	2.36	--	--	mmol/L	(2.15-2.65)
Phosphate:	0.87	--	--	mmol/L	(0.75-1.50)
Magnesium:	0.89	--	--	mmol/L	(0.60-1.10)

Coll.Date: 18/12/22
Coll.Time: 10:00

Test: LIPID STUDIES
Collected: 18-Dec-22, 10:00
Group:
Received: 18-Dec-22, 11:38
Laboratory #: 22-41837806-LIP-0
Clinician: UNCODED REFERRING DO, (0000000Y)
✓ Signed
Copies To:
Ordering Ward: WMC
Ordering Unit: AKINA
Test Status: Final results
Performed By:

Zoom | Print | Comment | Unsign | Mark | Cumulative

Test Type	Value	Units
	See Below	

SERUM/PLASMA LIPID STUDIES

Coll.Date: 18/12/22
Coll.Time: 10:00
Lab.No: 41837806

					Units	Desirable Range
	Random		--	--		
Cholesterol:	6.0	*	--	--	mmol/L	(0.0-5.0)
Trig:	3.6	*	--	--	mmol/L	(< 2.0)
HDL Chol:	1.0		--	--	mmol/L	(> 1.0)
LDL Chol:	3.3	*	--	--	mmol/L	(< 3.0)
CHOL/HDLC:	6.0		--	--		

Test: GLUCOSE SERUM SPECIMEN
Collected: 18-Dec-22, 10:00
Group:
Received: 18-Dec-22, 11:38
Laboratory #: 22-41837806-GS-0
Clinician: UNCODED REFERRING DO, (0000000Y)
Copies To:
Ordering Ward: WMC
Ordering Unit: AKINA
Test Status: Final results
Performed By:

Zoom | Print | Comment | Mark | Cumulative

Test Type	Value	Units
	See Below	

GLUCOSE

Coll.Date: 18/12/22
Lab.No: 41837806

				Units
Specimen:	Serum			
Time:	10:00 AM			
Type:	Random	--	--	
Glucose:	5.3	--	--	mmol/L

Note (1): Glucose reference ranges: Fasting 4.0-6.0, Random 4.0-7.8
Consider further investigation including glucose tolerance test in people with fasting glucose 5.5-6.9 or random 7.8-11.0 mmol/L

Test: FULL BLOOD EXAMINATION
Collected: 18-Dec-22, 10:00

Group:
Received: 18-Dec-22, 11:38

Laboratory #: 22-41837806-FBE-0

Clinician: UNCODED REFERRING DO, (0000000Y)

Copies To:

Ordering Ward: WMC

Ordering Unit: AKINA

Test Status: Final results

Performed By:

Zoom | Print | Comment | Mark | Cumulative

Test Type	Value	Units
	See Below	

FULL BLOOD EXAMINATION

Coll.Date: 18/12/22
Coll.Time: 10:00
Lab.No: 41837806

				Units	Ref.Range
Haemoglobin:	159	--	--	g/L	(130-180)
WCC:	6.2	--	--	x10 ^9 /L	(4.0-11.0)
Platelets:	246	--	--	x10 ^9 /L	(150-450)
RCC:	5.14	--	--	x10 ^12 /L	(4.50-6.50)
PCV:	0.47	--	--	L/L	(0.40-0.54)
MCV:	91	--	--	fL	(80-96)
MCH:	31	--	--	pg	(27-32)
MCHC:	340	--	--	g/L	(320-360)
Neutrophils:	3.7	--	--	x10 ^9 /L	(2.0-8.0)
Lymphocytes:	1.8	--	--	x10 ^9 /L	(1.0-4.0)
Monocytes:	0.4	--	--	x10 ^9 /L	(0.0-1.0)
Eosinophils:	0.2	--	--	x10 ^9 /L	(0.0-0.5)
Basophils:	0.1	--	--	x10 ^9 /L	(0.0-0.2)

18/12/22 41837806 Within normal limits.

Test: ELECTROCARDIOGRAM
Collected: 16-Dec-22, 10:15
Group:
Received: 16-Dec-22, 11:08
Laboratory #: 22-43276929-ECG-0
Clinician: UNCODED REFERRING DO, (0000000Y)
✓ Signed
Copies To:
Ordering Ward: WMC
Ordering Unit: AKINA

Test Status: Final results
Performed By:

Zoom | Print | Comment | Unsign | Mark | Cumulative

Test Type	Value	Units
	See Below	

ELECTROCARDIOGRAM

HR 98 /min

Intervals
PR 166 ms
QRS 90 ms
QT 332 ms
QTc 398 ms

SINUS RHYTHM
LEFT AXIS DEVIATION

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