

KOS Diagnostic Lab

(A Unit of KOS Healthcare)



Dr. Vinay Chopra MD (Pathology & Microbiology) Chairman & Consultant Pathologist

Dr. Yugam Chopra MD (Pathology) CEO & Consultant Pathologist

: 27/Jul/2024 04:14PM

NAME : Mrs. KULDEEP KAUR

AGE/ GENDER : 44 YRS/FEMALE **PATIENT ID** : 1562654

COLLECTED BY : 012407270046 REG. NO./LAB NO.

REFERRED BY **REGISTRATION DATE** : 27/Jul/2024 03:22 PM BARCODE NO. :01513925 **COLLECTION DATE** : 27/Jul/2024 03:23PM

: KOS DIAGNOSTIC LAB **CLIENT ADDRESS** : 6349/1, NICHOLSON ROAD, AMBALA CANTT

Test Name Value Unit **Biological Reference interval**

REPORTING DATE

HAEMATOLOGY

GLYCOSYLATED HAEMOGLOBIN (HBA1C)

GLYCOSYLATED HAEMOGLOBIN (HbA1c): 6.7H 4.0 - 6.4WHOLE BLOOD

by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)

ESTIMATED AVERAGE PLASMA GLUCOSE

145.59H mg/dL 60.00 - 140.00 by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)

INTERPRETATION:

CLIENT CODE.

AS PER AMERICAN DI	ABETES ASSOCIATION (ADA):		
REFERENCE GROUP	GLYCOSYLATED HEMOGLOGIB (HBAIC) in %		
Non diabetic Adults >= 18 years	<5.7		
At Risk (Prediabetes)	5.7 – 6.4		
Diagnosing Diabetes	>= 6.5		
	Age > 19 Years		
Therapeutic goals for glycemic control	Goals of Therapy:	< 7.0	
	Actions Suggested:	>8.0	
	Age < 19 Years		
	Goal of therapy:	<7.5	

COMMENTS:

- 1. Glycosylated hemoglobin (HbA1c) test is three monthly monitoring done to assess compliace with therapeutic regimen in diabetic patients.
- 2. Since Hb1c reflects long term fluctuations in blood glucose concentration, a diabetic patient who has recently under good control may still have high concentration of HbAlc. Converse is true for a diabetic previously under good control but now poorly controlled.
- 3. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targetting a goal of < 7.0% may not be appropiate 4.High
- HbA1c (>9.0 -9.5 %) is strongly associated with risk of development and rapid progression of microvascular and nerve complications
- 5.Any condition that shorten RBC life span like acute blood loss, hemolytic anemia falsely lower HbA1c results.
- 6.HbA1c results from patients with HbSS,HbSC and HbD must be interpreted with caution, given the pathological processes including anemia, increased red cell turnover, and transfusion requirement that adversely impact HbA1c as a marker of long-term gycemic control.
- 7. Specimens from patients with polycythemia or post-splenctomy may exhibit increse in HbA1c values due to a somewhat longer life span of the red cells.



CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY & MICROBIOLOGY)

DR.YUGAM CHOPRA CONSULTANT PATHOLOGIST





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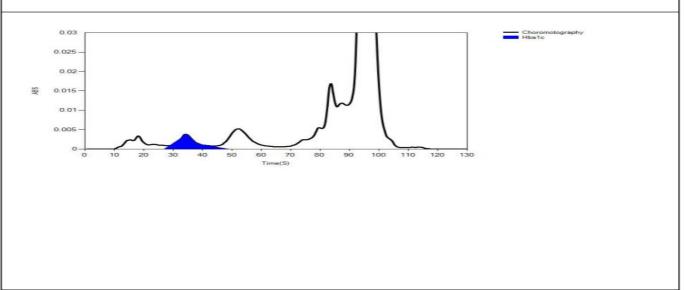
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Test Name Value Unit **Biological Reference interval**

LIFOTRONIC Graph Report

Name :	Case:	Patient Type :	Test Date: 27/07/2024 16:00:40
Age:	Department:	Sample Type: Whole Blood EDTA	Sample ld: 01513925
Gender:			Total Area · 7976

Peak Name	Retention Time(s)	Absorbance	Area	Result (Area %)
HbA0	70	2081	7037	84.9
HbA1c	38	52	551	6.7
La1c	25	38	197	2.4
HbF	21	8	12	0.1
Hba1b	13	34	102	1.2
Hba1a	11	24	77	0.9



*** End Of Report

CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY & MICROBIOLOGY) DR.YUGAM CHOPRA

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