



Dr. Vinay Chop MD (Pathology & Mi Chairman & Consult		Microbiology)	icrobiology) MD		
NAME	: Mr. SANTOSH KUMAR CHAD	HA			
AGE/ GENDER	: 70 YRS/MALE		PATIENT ID	: 1613952	
COLLECTED BY	:		REG. NO./LAB NO.	: 01240915	0035
REFERRED BY			REGISTRATION DA	. TE : 15/Sep/202	24 12:25 PM
BARCODE NO.	: 01517011		COLLECTION DATE	· · · · · · · · · · · · · · · · · · ·	
CLIENT CODE.	: KOS DIAGNOSTIC LAB		REPORTING DATE	: 15/Sep/202	
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, A	MBALA CANTT		. 10/ Sep/ 202	- 01.141 M
Test Name		Value	Uni	e Bio	logical Reference interval
	GLYC		IATOLOGY AEMOGLOBIN (HB	A1C)	
GLYCOSYLATED HAEMOGLOBIN (HbA1c): WHOLE BLOOD by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)		4.8	%	4.0	- 6.4
ESTIMATED AVERAGE PLASMA GLUCOSE by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY) INTERPRETATION:		91.06	mg/	dL 60.0	00 - 140.00
	AS PER AMERICAN I				
REFERENCE GROUP		G	GLYCOSYLATED HEMOGLOGIB (HBAIC) in %		
Non diabetic Adults >= 18 years			<5.7		
At Risk (Prediabetes)			5.7 - 6.4		
Diagnosing Diabetes		_	>= 6.5		
Therapeutic goals for glycemic control		Cool	Age > 19 Years Goals of Therapy:		
				< 7.0	
	is goals for grycerine control	Actions Suggested: >8.0 Age < 19 Years			
morapour					

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.

*** End Of Report ***



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TEST PERFORMED AT KOS DIAGNOSTIC LAB. AMBALA CANTT