



	Dr. Vinay Cho MD (Pathology & Chairman & Cons	Microbiology)		(Pathology)
NAME	: Mrs. SURINDER KAUR			
AGE/ GENDER	: 68 YRS/FEMALE		PATIENT ID	: 1644512
COLLECTED BY	:		REG. NO./LAB NO.	:012410150053
REFERRED BY			REGISTRATION DATE	: 15/Oct/2024 06:58 PM
BARCODE NO.	: 01518957		COLLECTION DATE	: 15/Oct/2024 07:03PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB		REPORTING DATE	: 15/Oct/2024 09:16PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, A	MBALA CANTT		. 13/ OCI/ 2024 03.101 M
Test Name		Value	Unit	Biological Reference interval
GL GLYCOSYLATED HAEMOGLOBIN (HbA1c): WHOLE BLOOD by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)		COSYLATED HA	AEMOGLOBIN (HBA1C) %	4.0 - 6.4
ESTIMATED AVERAGE		165.68 ^H	mg/dL	60.00 - 140.00
	AS PER AMERICAN DIAB			
	REFERENCE GROUP		(LATED HEMOGLOGIB (HBAIC)	in %
		011003	E 7	
Non diab	etic Adults >= 18 years	021003	<5.7	
Non diab At I	etic Adults >= 18 years Risk (Prediabetes)		<5.7 5.7 – 6.4 >= 6.5	
Non diab At I	etic Adults >= 18 years	(5.7 - 6.4 >= 6.5 Age > 19 Years	
Non diab At I Dia	etic Adults >= 18 years Risk (Prediabetes) gnosing Diabetes	Goals of The	5.7 – 6.4 >= 6.5 Age > 19 Years erapy: < 7.	
Non diab At I Dia	etic Adults >= 18 years Risk (Prediabetes)	(5.7 – 6.4 >= 6.5 Age > 19 Years erapy: < 7.	

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 4.High appropiate.

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.





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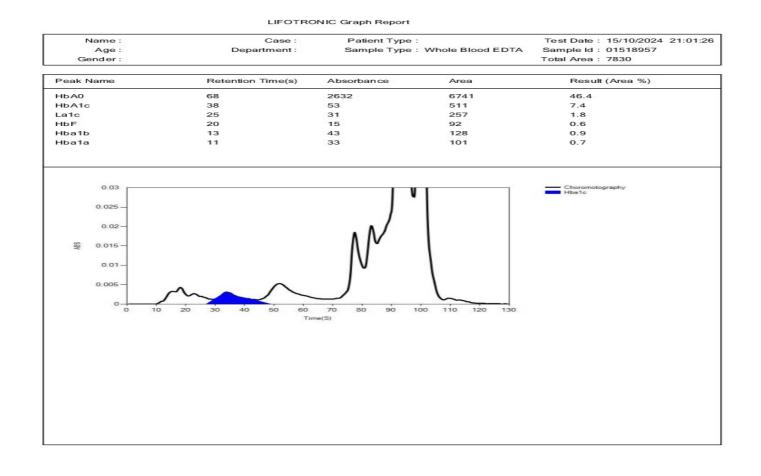


TEST PERFORMED AT KOS DIAGNOSTIC LAB. AMBALA CANTT





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			/
Test Name		Value Unit	Biological Reference interval







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*** End Of Report ***

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

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