

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

NAME : Mrs. HARSH BALA

AGE/ GENDER : 43 YRS/FEMALE PATIENT ID : 1678021

COLLECTED BY : SURJESH REG. NO./LAB NO. : 012411210037

 REFERRED BY
 : 21/Nov/2024 12:31 PM

 BARCODE NO.
 : 01521208
 COLLECTION DATE
 : 21/Nov/2024 12:38 PM

 CLIENT CODE.
 : KOS DIAGNOSTIC LAB
 REPORTING DATE
 : 21/Nov/2024 02:29 PM

CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

Test Name Value Unit Biological Reference interval

HAEMATOLOGY

GLYCOSYLATED HAEMOGLOBIN (HBA1C)

GLYCOSYLATED HAEMOGLOBIN (HbA1c): 7.1^H
WHOLE BLOOD

by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)

ESTIMATED AVERAGE PLASMA GLUCOSE

by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)

157.07^H

%

mg/dL

60.00 - 140.00

4.0 - 6.4

INTERPRETATION:

AS PER AMERICAN DI	ABETES ASSOCIATION (ADA):	
REFERENCE GROUP	GLYCOSYLATED HEMOGL	OGIB (HBAIC) in %
Non diabetic Adults >= 18 years	<5.7	
At Risk (Prediabetes)	5.7 – 6.	4
Diagnosing Diabetes	>= 6.5	
	Age > 19 Y	ears
	Goals of Therapy:	< 7.0
Therapeutic goals for glycemic control	Actions Suggested:	>8.0
	Age < 19 Y	ears
	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 appropriate.

 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.



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KOS Central Lab: 6349/I, Nicholson Road, Ambala Cantt -133 001, Haryana



CLIENT CODE.

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: 21/Nov/2024 02:29PM

NAME : Mrs. HARSH BALA

AGE/ GENDER : 43 YRS/FEMALE **PATIENT ID** : 1678021

COLLECTED BY : SURJESH REG. NO./LAB NO. :012411210037

REFERRED BY **REGISTRATION DATE** : 21/Nov/2024 12:31 PM BARCODE NO. :01521208 **COLLECTION DATE** : 21/Nov/2024 12:38PM

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

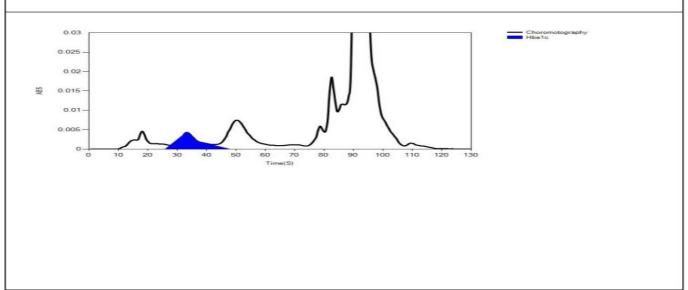
Test Name Value Unit **Biological Reference interval**

REPORTING DATE

LIFOTRONIC Graph Report

Name :	Case:	Patient Type :	Test Date: 21/11/2024 14:11:31
Age:	Department:	Sample Type: Whole Blood EDTA	Sample ld: 01521208
Gender:			Total Area: 10393

Peak Name	Retention Time(s)	Absorbance	Area	Result (Area %)
HbA0	67	3451	9259	85.9
HbA1c	37	75	626	7.1
La1c	24	43	283	2.6
HbF	18	13	64	0.6
Hba1b	13	46	143	1.3
Hba1a	09	13	18	0.2



*** End Of Report

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

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