



	Dr. Vinay Cho MD (Pathology & N Chairman & Consu	MD	<b>m Chopra</b> D (Pathology) nt Pathologist						
NAME	: Mr. RAKESH KUMAR								
AGE/ GENDER	: 58 YRS/MALE		PATIENT ID		: 1725215				
<b>COLLECTED BY</b>	:	<b>REG. NO./LAB NO.</b>			: 012501160003				
<b>REFERRED BY</b>	:	<b>REGISTRATION DATE</b>			: 16/Jan/2025 08:17 AM				
BARCODE NO.	: 01523934	COLLECTION DATE			: 16/Jan/2025 11:01AM				
CLIENT CODE.	: KOS DIAGNOSTIC LAB	<b>REPORTING DATE</b>			: 16/Jan/2025 12:32PM				
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AN	MBALA CANTT							
Test Name		Value		Unit	<b>Biological Reference interval</b>				
GLYCOSYLATED HAEMOGLOBIN (HbA1c): WHOLE BLOOD by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY) ESTIMATED AVERAGE PLASMA GLUCOSE by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY) INTERPRETATION:		6.7 <sup>H</sup> 145.59 <sup>H</sup>		% mg/dL	4.0 - 6.4 60.00 - 140.00				
	AS PER AMERICAN D REFERENCE GROUP								
	GL	GLYCOSYLATED HEMOGLOGIB (HBAIC) in %							
Non diabetic Adults >= 18 years At Risk (Prediabetes)		-							
Diagnosing Diabetes		>= 6.5							
		Coals		> 19 Years	< 7.0				
Therapeutic goals for glycemic control			Goals of Therapy: Actions Suggested:		>8.0				
				< 19 Years					
		Goal of therapy:			<7.5				
2.Since Hb1c reflects lo concentration of HbAl 3.Target goals of < 7.0	ong term fluctuations in blood glucose lc. Converse is true for a diabetic previ 9 % may be beneficial in patients with	e concentration, a iously under good short duration of	n diabetic patien I control but nov Fdiabetes, long l	t who has rea v poorly cont life expectance	nerapeutic regimen in diabetic patients. cently under good control may still have high trolled. cy and no significant cardiovascular disease. In ons, targetting a goal of < 7.0% may not be				

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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.



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

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

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TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT



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NAME : Mr. RAKESH KUMAR AGE/ GENDER : 58 YRS/MALE PATIENT ID COLLECTED BY : REG. NO./LAB NO. REFERED BY : REGISTRATION DATE BARCODE NO. : 01523934 COLLECTION DATE CLIENT CODE : KOS DIAGNOSTIC LAB REPORTING DATE CLIENT CODE : 6349/1, NICHOLSON ROAD, AMBALA CANTT Test Name Value Unit CLINICAL CHEMISTRY/BIOCHEMISTR GLUCOSE FASTING (F): PLASMA GOD-POD MITERPRETATION IN ACCORDANCE WITH AMERICAN DIABETES ASSOCIATION GUIDELINES: 1. A fasting plasma glucose level below 100 mg/dl is considered normal. 2. A fasting plasma glucose level below 100 mg/dl is considered normal. 3. A fasting plasma glucose level below 100 mg/dl is considered normal. 3. A fasting plasma glucose level below 100 mg/dl is considered normal. 3. A fasting plasma glucose level below 100 mg/dl is considered normal. 3. A fasting plasma glucose level below 100 mg/dl is considered as glucose intolerant or protest (after consumption of 75 gms of glucose) is recommended for all such patients. 3. A fasting plasma glucose level of above 125 mg/dl is highly suggestive of diabetic state. A repeat such patients. A fasting plasma glucose level of above 125 mg/dl is highly suggestive of diabetic state. A repeat such patients. A fasting plasma glucose level in excess of 125 mg/dl on both occasions is confirmate **** End Of Report ***		Dr. Yugam Chopra MD (Pathology) CEO & Consultant Pathologist						
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