



		Chopra y & Microbiology) onsultant Pathologist	Dr. Yugam MD CEO & Consultant	(Pathology)
NAME	: Mrs. RITA JAIN			
AGE/ GENDER	: 65 YRS/FEMALE	PATI	ENT ID	: 1729882
COLLECTED BY	: SURJESH	REG.	NO./LAB NO.	: 012501210015
<b>REFERRED BY</b>	: CENTRAL PHOENIX CLUB	(AMBALA CANTT) REGIS	<b>TRATION DATE</b>	: 21/Jan/2025 09:25 AM
BARCODE NO.	:01524175	COLL	ECTION DATE	: 21/Jan/2025 09:41AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	REPO	RTING DATE	: 21/Jan/2025 10:01AM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROA	D, AMBALA CANTT		
Test Name		Value	Unit	Biological Reference interval
HAEMOGLOBIN (H by CALORIMETRIC INTERPRETATION:-				
<i>by CALORIMETRIC</i> INTERPRETATION:- Hemoglobin is the pr		ells that carries oxygen from	n the lungs to the bo	odys tissues and returns carbon dioxide from t
by CALORIMETRIC <u>INTERPRETATION:-</u> Hemoglobin is the pr tissues back to the lu A low hemoglobin lev	ngs. vel is referred to as ANEMIA or		n the lungs to the bo	odys tissues and returns carbon dioxide from t
by CALORIMETRIC INTERPRETATION:- Hemoglobin is the pr tissues back to the lu A low hemoglobin lev ANEMIA (DECRESED I 1) Loss of blood (trau	ngs. rel is referred to as ANEMIA or H <b>AEMOGLOBIN):</b> Imatic injury, surgery, bleedin	low red blood count. g, colon cancer or stomact		odys tissues and returns carbon dioxide from t
by CALORIMETRIC <u>INTERPRETATION:-</u> Hemoglobin is the pr tissues back to the lu A low hemoglobin lev <b>ANEMIA (DECRESED</b> I 1) Loss of blood (trau 2) Nutritional deficie	ngs. rel is referred to as ANEMIA or H <b>AEMOGLOBIN):</b> Imatic injury, surgery, bleedin ncy (iron, vitamin B12, folate)	low red blood count. g, colon cancer or stomach		odys tissues and returns carbon dioxide from t
by CALORIMETRIC INTERPRETATION:- Hemoglobin is the pr tissues back to the lu A low hemoglobin lev ANEMIA (DECRESED I 1) Loss of blood (trau 2) Nutritional deficie 3) Bone marrow prob 4) Suppression by red	ngs. rel is referred to as ANEMIA or H <b>AEMOGLOBIN):</b> Imatic injury, surgery, bleedin	low red blood count. g, colon cancer or stomach arrow by cancer)		odys tissues and returns carbon dioxide from t
by CALORIMETRIC INTERPRETATION:- Hemoglobin is the pr tissues back to the lu A low hemoglobin lev ANEMIA (DECRESED I 1) Loss of blood (trau 2) Nutritional deficie 3) Bone marrow prob 4) Suppression by red 5) Kidney failure	ngs. vel is referred to as ANEMIA or H <b>AEMOGLOBIN):</b> Imatic injury, surgery, bleedin ncy (iron, vitamin B12, folate) Iems (replacement of bone ma d blood cell synthesis by chem	low red blood count. g, colon cancer or stomach arrow by cancer) otherapy drugs		odys tissues and returns carbon dioxide from t
by CALORIMETRIC INTERPRETATION:- Hemoglobin is the pr tissues back to the lu A low hemoglobin lev ANEMIA (DECRESED I 1) Loss of blood (trau 2) Nutritional deficie 3) Bone marrow prob 4) Suppression by rec 5) Kidney failure 6) Abnormal hemoglo POLYCYTHEMIA (INCF	ngs. rel is referred to as ANEMIA or HAEMOGLOBIN): Imatic injury, surgery, bleedin ncy (iron, vitamin B12, folate) Iems (replacement of bone ma blood cell synthesis by chem Obin structure (sickle cell aner REASED HAEMOGLOBIN):	low red blood count. g, colon cancer or stomach arrow by cancer) otherapy drugs		odys tissues and returns carbon dioxide from t
by CALORIMETRIC INTERPRETATION:- Hemoglobin is the pr tissues back to the lu A low hemoglobin lew ANEMIA (DECRESED I 1) Loss of blood (trau 2) Nutritional deficie 3) Bone marrow prob 4) Suppression by red 5) Kidney failure 6) Abnormal hemogle POLYCYTHEMIA (INCR 1) People in higher a	ngs. vel is referred to as ANEMIA or <b>HAEMOGLOBIN):</b> Imatic injury, surgery, bleedin ncy (iron, vitamin B12, folate) lems (replacement of bone may blood cell synthesis by chem bbin structure (sickle cell aner <b>EASED HAEMOGLOBIN):</b> Ititudes (Physiological)	low red blood count. g, colon cancer or stomach arrow by cancer) otherapy drugs		odys tissues and returns carbon dioxide from t
by CALORIMETRIC INTERPRETATION:- Hemoglobin is the pr tissues back to the lu A low hemoglobin lew ANEMIA (DECRESED I 1) Loss of blood (trau 2) Nutritional deficie 3) Bone marrow prob 4) Suppression by rec 5) Kidney failure 6) Abnormal hemogle POLYCYTHEMIA (INCF 1) People in higher a 2) Smoking (Secondai 3) Dehydration produ	ngs. vel is referred to as ANEMIA or HAEMOGLOBIN): Imatic injury, surgery, bleedin ncy (iron, vitamin B12, folate) Iems (replacement of bone ma d blood cell synthesis by chem bbin structure (sickle cell aner REASED HAEMOGLOBIN): Ititudes (Physiological) ry Polycythemia) uces a falsely rise in hemoglob	low red blood count. g, colon cancer or stomach arrow by cancer) otherapy drugs mia or thalassemia). in due to increased haemo	n ulcer)	odys tissues and returns carbon dioxide from th
by CALORIMETRIC INTERPRETATION:- Hemoglobin is the pr tissues back to the lu A low hemoglobin lew ANEMIA (DECRESED I 1) Loss of blood (trau 2) Nutritional deficie 3) Bone marrow prob 4) Suppression by rec 5) Kidney failure 6) Abnormal hemogle POLYCYTHEMIA (INCE 1) People in higher a 2) Smoking (Secondai 3) Dehydration produ 4) Advanced lung dise	ngs. vel is referred to as ANEMIA or HAEMOGLOBIN): Imatic injury, surgery, bleedin ncy (iron, vitamin B12, folate) Iems (replacement of bone ma d blood cell synthesis by chem bbin structure (sickle cell aner EASED HAEMOGLOBIN): Ititudes (Physiological) ry Polycythemia)	low red blood count. g, colon cancer or stomach arrow by cancer) otherapy drugs mia or thalassemia). in due to increased haemo	n ulcer)	odys tissues and returns carbon dioxide from th
by CALORIMETRIC INTERPRETATION:- Hemoglobin is the pr tissues back to the lu A low hemoglobin lew ANEMIA (DECRESED I 1) Loss of blood (trau 2) Nutritional deficie 3) Bone marrow prob 4) Suppression by rec 5) Kidney failure 6) Abnormal hemoglo POLYCYTHEMIA (INCF POLYCYTHEMIA (INCF 1) People in higher a 2) Smoking (Secondar 3) Dehydration produ 4) Advanced lung dise 5) Certain tumors 6) A disorder of the b	ngs. vel is referred to as ANEMIA or HAEMOGLOBIN): Imatic injury, surgery, bleedin ncy (iron, vitamin B12, folate) lems (replacement of bone may d blood cell synthesis by chem bbin structure (sickle cell aner REASED HAEMOGLOBIN): Ititudes (Physiological) ry Polycythemia) uces a falsely rise in hemoglob ease (for example, emphysema one marrow known as polycyt	low red blood count. g, colon cancer or stomach arrow by cancer) otherapy drugs mia or thalassemia). in due to increased haemo a) themia rubra vera,	nulcer)	odys tissues and returns carbon dioxide from the solution of oxygen available to the body by

KOS Diagnostic Lab (A Unit of KOS Healthcare)

## NOTE: TEST CONDUCTED ON EDTA WHOLE BLOOD





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

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



TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.





	Dr. Vinay Cho MD (Pathology & Chairman & Cons	Microbiology)	Dr. Yugam MD CEO & Consultant	(Pathology)
NAME	: Mrs. RITA JAIN			
AGE/ GENDER	: 65 YRS/FEMALE	]	PATIENT ID	: 1729882
COLLECTED BY	: SURJESH	1	REG. NO./LAB NO.	: 012501210015
REFERRED BY	: CENTRAL PHOENIX CLUB (AN	MBALA CANTT)	REGISTRATION DATE	: 21/Jan/2025 09:25 AM
BARCODE NO.	: 01524175		COLLECTION DATE	: 21/Jan/2025 09:41AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	I	REPORTING DATE	: 21/Jan/2025 02:57PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, A	AMBALA CANTT		
		¥7.1	<b>T</b> •	
Test Name	GLYCO	Value DSYLATED HA	Unit EMOGLOBIN (HBA10	Biological Reference interva
GLYCOSYLATED HA WHOLE BLOOD by HPLC (HIGH PERFOI ESTIMATED AVERA	EMOGLOBIN (HbA1c): RMANCE LIQUID CHROMATOGRAPHY) GE PLASMA GLUCOSE			
GLYCOSYLATED HA WHOLE BLOOD by HPLC (HIGH PERFOI ESTIMATED AVERA by HPLC (HIGH PERFOI	EMOGLOBIN (HbA1c):	OSYLATED HAD	EMOGLOBIN (HBA1) %	C) 4.0 - 6.4
GLYCOSYLATED HA WHOLE BLOOD by HPLC (HIGH PERFOI ESTIMATED AVERA by HPLC (HIGH PERFOI INTERPRETATION:	EMOGLOBIN (HbA1c): RMANCE LIQUID CHROMATOGRAPHY) GE PLASMA GLUCOSE RMANCE LIQUID CHROMATOGRAPHY) AS PER AMERICAN	DSYLATED HA 6.7 <sup>H</sup> 145.59 <sup>H</sup> DIABETES ASSOCIA	EMOGLOBIN (HBA1) % mg/dL TION (ADA):	C) 4.0 - 6.4 60.00 - 140.00
GLYCOSYLATED HA WHOLE BLOOD by HPLC (HIGH PERFOI ESTIMATED AVERA by HPLC (HIGH PERFOI INTERPRETATION:	EMOGLOBIN (HbA1c): RMANCE LIQUID CHROMATOGRAPHY) GE PLASMA GLUCOSE RMANCE LIQUID CHROMATOGRAPHY) AS PER AMERICAN REFERENCE GROUP	DSYLATED HA 6.7 <sup>H</sup> 145.59 <sup>H</sup> DIABETES ASSOCIA	EMOGLOBIN (HBA1) % mg/dL TION (ADA): (COSYLATED HEMOGLOGIB	C) 4.0 - 6.4 60.00 - 140.00
GLYCOSYLATED HA WHOLE BLOOD by HPLC (HIGH PERFOI ESTIMATED AVERA by HPLC (HIGH PERFOI INTERPRETATION: INTERPRETATION:	EMOGLOBIN (HbA1c): RMANCE LIQUID CHROMATOGRAPHY) GE PLASMA GLUCOSE RMANCE LIQUID CHROMATOGRAPHY) AS PER AMERICAN REFERENCE GROUP abetic Adults >= 18 years	DSYLATED HA 6.7 <sup>H</sup> 145.59 <sup>H</sup> DIABETES ASSOCIA	EMOGLOBIN (HBA1) % mg/dL TION (ADA): COSYLATED HEMOGLOGIB <5.7	C) 4.0 - 6.4 60.00 - 140.00
GLYCOSYLATED HA WHOLE BLOOD by HPLC (HIGH PERFOI ESTIMATED AVERA by HPLC (HIGH PERFOI INTERPRETATION: NOT dia Non dia A	EMOGLOBIN (HbA1c): RMANCE LIQUID CHROMATOGRAPHY) GE PLASMA GLUCOSE RMANCE LIQUID CHROMATOGRAPHY) AS PER AMERICAN REFERENCE GROUP abetic Adults >= 18 years t Risk (Prediabetes)	DSYLATED HA 6.7 <sup>H</sup> 145.59 <sup>H</sup> DIABETES ASSOCIA	EMOGLOBIN (HBA1) % mg/dL TION (ADA): COSYLATED HEMOGLOGIB <5.7 5.7 - 6.4	C) 4.0 - 6.4 60.00 - 140.00
GLYCOSYLATED HA WHOLE BLOOD by HPLC (HIGH PERFOI ESTIMATED AVERA by HPLC (HIGH PERFOI INTERPRETATION: NOT dia Non dia A	EMOGLOBIN (HbA1c): RMANCE LIQUID CHROMATOGRAPHY) GE PLASMA GLUCOSE RMANCE LIQUID CHROMATOGRAPHY) AS PER AMERICAN REFERENCE GROUP abetic Adults >= 18 years	DSYLATED HA 6.7 <sup>H</sup> 145.59 <sup>H</sup> DIABETES ASSOCIA	EMOGLOBIN (HBA1) % mg/dL TION (ADA): COSYLATED HEMOGLOGIB <5.7 5.7 - 6.4 >= 6.5	C) 4.0 - 6.4 60.00 - 140.00
GLYCOSYLATED HA WHOLE BLOOD by HPLC (HIGH PERFOI ESTIMATED AVERA by HPLC (HIGH PERFOI INTERPRETATION: NOT dia Non dia A	EMOGLOBIN (HbA1c): RMANCE LIQUID CHROMATOGRAPHY) GE PLASMA GLUCOSE RMANCE LIQUID CHROMATOGRAPHY) AS PER AMERICAN REFERENCE GROUP abetic Adults >= 18 years t Risk (Prediabetes)	DSYLATED HA 6.7 <sup>H</sup> 145.59 <sup>H</sup> DIABETES ASSOCIA GLY	EMOGLOBIN (HBA1) % mg/dL TION (ADA): /COSYLATED HEMOGLOGIB <5.7 5.7 - 6.4 >= 6.5 Age > 19 Years	C) 4.0 - 6.4 60.00 - 140.00 (HBAIC) in %
GLYCOSYLATED HA WHOLE BLOOD by HPLC (HIGH PERFOI by HPLC (HIGH PERFOI INTERPRETATION: Non dia A D	EMOGLOBIN (HbA1c): RMANCE LIQUID CHROMATOGRAPHY) GE PLASMA GLUCOSE RMANCE LIQUID CHROMATOGRAPHY) AS PER AMERICAN REFERENCE GROUP abetic Adults >= 18 years t Risk (Prediabetes) iagnosing Diabetes	DSYLATED HA 6.7 <sup>H</sup> 145.59 <sup>H</sup> DIABETES ASSOCIA GLY Goals of	EMOGLOBIN (HBA1) % mg/dL TION (ADA): COSYLATED HEMOGLOGIB <5.7 5.7 – 6.4 >= 6.5 Age > 19 Years of Therapy:	C) 4.0 - 6.4 60.00 - 140.00 (HBAIC) in %
GLYCOSYLATED HA WHOLE BLOOD by HPLC (HIGH PERFOI by HPLC (HIGH PERFOI INTERPRETATION: Non dia A D	EMOGLOBIN (HbA1c): RMANCE LIQUID CHROMATOGRAPHY) GE PLASMA GLUCOSE RMANCE LIQUID CHROMATOGRAPHY) AS PER AMERICAN REFERENCE GROUP abetic Adults >= 18 years t Risk (Prediabetes)	DSYLATED HA 6.7 <sup>H</sup> 145.59 <sup>H</sup> DIABETES ASSOCIA GLY Goals of	EMOGLOBIN (HBA1) % mg/dL TION (ADA): /COSYLATED HEMOGLOGIB <5.7 5.7 - 6.4 >= 6.5 Age > 19 Years	C) 4.0 - 6.4 60.00 - 140.00 (HBAIC) in %

## 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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TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT





	MD (Pat	nay Chopra hology & Microbiology) n & Consultant Pathologist	Dr. Yugan MD CEO & Consultant	(Pathology)
NAME	: Mrs. RITA JAIN			
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CLIENT CODE.	: KOS DIAGNOSTIC LA	B R	EPORTING DATE	: 21/Jan/2025 11:35AM
CLIENT ADDRESS	: 6349/1, NICHOLSON	ROAD, AMBALA CANTT		
Test Name		Value	Unit	Biological Reference interval
	(	LINICAL CHEMIST	RY/BIOCHEMIST	RY
		CHOLESTER	OL: SERUM	
	TAL SEDUM	110.88	mg/dL	<b>OPTIMAL:</b> < 200.0
CHOLESTEROL TO by CHOLESTEROL O.			ing/ dE	BORDERLINE HIGH: 200.0 - 239.0 HIGH CHOLESTEROL: > OR = 240.0

NATIONAL LIPID ASSOCIATION RECOMMENDATIONS (NLA-2014)	CHOLESTEROL IN ADULTS (mg/dL)	CHOLESTEROL IN ADULTS (mg/dL)
DESIRABLE	< 200.0	< 170.0
BORDERLINE HIGH	200.0 - 239.0	171.0 - 199.0
HIGH	>= 240.0	>= 200.0

NOTE:

 Molection
 Measurements in the same patient can show physiological & analytical variations. Three serial samples 1 week apart are recommended for Total Cholesterol, Triglycerides, HDL & LDL Cholesterol.
 As per National Lipid association - 2014 guidelines, all adults above the age of 20 years should be screened for lipid status. Selective screening of children above the age of 2 years with a family history of premature cardiovascular disease or those with at least one parent with high total cholesterol. high total cholesterol is recommended.

\*\*\* End Of Report \*\*\*





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