

Dr. Vinay Chopra
 MD (Pathology & Microbiology)
 Chairman & Consultant Pathologist

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 MD (Pathology)
 CEO & Consultant Pathologist

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|-----------------------|--|--------------------------|------------------------|
| NAME | : Mrs. SUSHMA | PATIENT ID | : 1731203 |
| AGE/ GENDER | : 56 YRS/FEMALE | REG. NO./LAB NO. | : 012501220034 |
| COLLECTED BY | : | REGISTRATION DATE | : 22/Jan/2025 11:43 AM |
| REFERRED BY | : | COLLECTION DATE | : 22/Jan/2025 11:48AM |
| BARCODE NO. | : 01524248 | REPORTING DATE | : 22/Jan/2025 12:07PM |
| CLIENT CODE. | : KOS DIAGNOSTIC LAB | | |
| CLIENT ADDRESS | : 6349/1, NICHOLSON ROAD, AMBALA CANTT | | |

| Test Name | Value | Unit | Biological Reference interval |
|-----------|-------|------|-------------------------------|
|-----------|-------|------|-------------------------------|

HAEMATOLOGY

GLYCOSYLATED HAEMOGLOBIN (HbA1C)

| | | | |
|---|---------------------|-------|----------------|
| GLYCOSYLATED HAEMOGLOBIN (HbA1c): WHOLE BLOOD <i>by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)</i> | 6.8 ^H | % | 4.0 - 6.4 |
| ESTIMATED AVERAGE PLASMA GLUCOSE <i>by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)</i> | 148.46 ^H | mg/dL | 60.00 - 140.00 |

INTERPRETATION:

AS PER AMERICAN DIABETES ASSOCIATION (ADA):

| REFERENCE GROUP | GLYCOSYLATED HEMOGLOBIN (HbA1C) in % |
|--|--------------------------------------|
| Non diabetic Adults >= 18 years | <5.7 |
| At Risk (Prediabetes) | 5.7 – 6.4 |
| Diagnosing Diabetes | >= 6.5 |
| Therapeutic goals for glycemic control | Age > 19 Years |
| | Goals of Therapy: < 7.0 |
| | Actions Suggested: >8.0 |
| | Age < 19 Years |
| | Goal of therapy: <7.5 |

COMMENTS:

1. Glycosylated hemoglobin (HbA1c) test is three monthly monitoring done to assess compliance 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 HbA1c. 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, targeting 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 shortens RBC life span like acute blood loss, hemolytic anemia falsely lowers 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 glycemic control.
7. Specimens from patients with polycythemia or post-splenectomy may exhibit increase in HbA1c values due to a somewhat longer life span of the red cells.

*** End Of Report ***




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