



	Dr. Vinay Ch MD (Pathology & Chairman & Cor		Dr. Yugam C MD (Pa CEO & Consultant Par	thology)
NAME	: Mrs. SUNITA RANI			
AGE/ GENDER	: 52 YRS/FEMALE	PATIE	NT ID	: 1734486
COLLECTED BY		RFG N	O./LAB NO.	: 012501250004
REFERRED BY	•			
	:			: 25/Jan/2025 08:37 AM
BARCODE NO.	: 01524383	COLLE	CTION DATE	: 25/Jan/2025 08:41AM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	REPOR	TING DATE	: 25/Jan/2025 01:54PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD,	AMBALA CANTT		
Test Name		Value	Unit	Biological Reference interva
1 est Name		value	Unit	biological Reference interva
	UL1	COSYLATED HAEMOG	LUDIN (IIDAIC)	
WHOLE BLOOD by hplc (high perform ESTIMATED AVERAG	MOGLOBIN (HbA1c):	8.4 ^H 194.38 ^H	% mg/dL	4.0 - 6.4 60.00 - 140.00
WHOLE BLOOD by HPLC (HIGH PERFORM ESTIMATED AVERAGE by HPLC (HIGH PERFORM	MOGLOBIN (HbA1c): MANCE LIQUID CHROMATOGRAPHY) E PLASMA GLUCOSE MANCE LIQUID CHROMATOGRAPHY)	8.4 ^H 194.38 ^H	%	
WHOLE BLOOD by HPLC (HIGH PERFORM ESTIMATED AVERAG by HPLC (HIGH PERFORM NTERPRETATION:	MOGLOBIN (HbA1c): MANCE LIQUID CHROMATOGRAPHY) E PLASMA GLUCOSE MANCE LIQUID CHROMATOGRAPHY)	8.4 ^H 194.38 ^H BETES ASSOCIATION (ADA):	% mg/dL	
WHOLE BLOOD by HPLC (HIGH PERFORM ESTIMATED AVERAG by HPLC (HIGH PERFORM INTERPRETATION: RE RE	MOGLOBIN (HbA1c): MANCE LIQUID CHROMATOGRAPHY) E PLASMA GLUCOSE MANCE LIQUID CHROMATOGRAPHY) AS PER AMERICAN DIA FERENCE GROUP etic Adults >= 18 years	8.4 ^H 194.38 ^H BETES ASSOCIATION (ADA): GLYCOSYLATED H	% mg/dL EMOGLOGIB (HBAIC) in % <5.7	
WHOLE BLOOD by HPLC (HIGH PERFORM ESTIMATED AVERAGE by HPLC (HIGH PERFORM INTERPRETATION: RE RE Non diab At F	MOGLOBIN (HbA1c): MANCE LIQUID CHROMATOGRAPHY) E PLASMA GLUCOSE MANCE LIQUID CHROMATOGRAPHY) AS PER AMERICAN DIA FERENCE GROUP etic Adults >= 18 years Risk (Prediabetes)	8.4 ^H 194.38 ^H BETES ASSOCIATION (ADA): GLYCOSYLATED H	% mg/dL EMOGLOGIB (HBAIC) in % <5.7 5.7 - 6.4	
WHOLE BLOOD by HPLC (HIGH PERFORM ESTIMATED AVERAGE by HPLC (HIGH PERFORM INTERPRETATION: RE RE Non diab At F	MOGLOBIN (HbA1c): MANCE LIQUID CHROMATOGRAPHY) E PLASMA GLUCOSE MANCE LIQUID CHROMATOGRAPHY) AS PER AMERICAN DIA FERENCE GROUP etic Adults >= 18 years	8.4 ^H 194.38 ^H BETES ASSOCIATION (ADA): GLYCOSYLATED H	% mg/dL 5.7 5.7 - 6.4 >= 6.5	
WHOLE BLOOD by HPLC (HIGH PERFORM ESTIMATED AVERAGE by HPLC (HIGH PERFORM INTERPRETATION: RE RE Non diab At F	MOGLOBIN (HbA1c): MANCE LIQUID CHROMATOGRAPHY) E PLASMA GLUCOSE MANCE LIQUID CHROMATOGRAPHY) AS PER AMERICAN DIA FERENCE GROUP etic Adults >= 18 years Risk (Prediabetes)	8.4 ^H 194.38 ^H BETES ASSOCIATION (ADA): GLYCOSYLATED H	% mg/dL EMOGLOGIB (HBAIC) in % <5.7 5.7 - 6.4 >= 6.5 > 19 Years	
WHOLE BLOOD by HPLC (HIGH PERFORM ESTIMATED AVERAGI by HPLC (HIGH PERFORM INTERPRETATION: RE Non diab At F Diag	MOGLOBIN (HbA1c): MANCE LIQUID CHROMATOGRAPHY) E PLASMA GLUCOSE MANCE LIQUID CHROMATOGRAPHY) AS PER AMERICAN DIA FERENCE GROUP etic Adults >= 18 years Risk (Prediabetes)	8.4 ^H 194.38 ^H BETES ASSOCIATION (ADA): GLYCOSYLATED H GLYCOSYLATED H Goals of Therapy:	% mg/dL 5.7 5.7 - 6.4 >= 6.5	
WHOLE BLOOD by HPLC (HIGH PERFORM ESTIMATED AVERAGI by HPLC (HIGH PERFORM INTERPRETATION: RE Non diab At F Diag	MOGLOBIN (HbA1c): MANCE LIQUID CHROMATOGRAPHY) E PLASMA GLUCOSE MANCE LIQUID CHROMATOGRAPHY) AS PER AMERICAN DIA FERENCE GROUP etic Adults >= 18 years Risk (Prediabetes) gnosing Diabetes	8.4 ^H 194.38 ^H BETES ASSOCIATION (ADA): GLYCOSYLATED H Goals of Therapy: Actions Suggested:	% mg/dL EMOGLOGIB (HBAIC) in % <5.7 5.7 – 6.4 >= 6.5 > 19 Years <7.0	

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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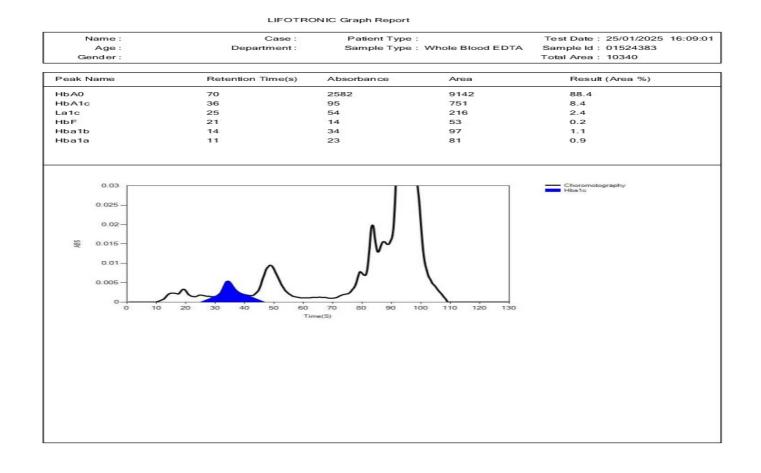


TEST PERFORMED AT KOS DIAGNOSTIC LAB. AMBALA CANTT





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	MD (Pathology & N Chairman & Consu	G, /	D (Pathology) nt Pathologist
	Dr. Vinay Cho		m Chopra



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*** End Of Report ***

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