

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

Dr. Yugam Chopra  
MD (Pathology)  
CEO & Consultant Pathologist

<b>NAME</b>	: Mr. RAM TIRATH	<b>PATIENT ID</b>	: 1735296
<b>AGE/ GENDER</b>	: 72 YRS/MALE	<b>REG. NO./LAB NO.</b>	: <b>012501250048</b>
<b>COLLECTED BY</b>	:	<b>REGISTRATION DATE</b>	: 25/Jan/2025 05:44 PM
<b>REFERRED BY</b>	:	<b>COLLECTION DATE</b>	: 25/Jan/2025 05:47PM
<b>BARCODE NO.</b>	: 01524427	<b>REPORTING DATE</b>	: 25/Jan/2025 05:56PM
<b>CLIENT CODE.</b>	: KOS DIAGNOSTIC LAB		
<b>CLIENT ADDRESS</b>	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval
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**HAEMATOLOGY**

**GLYCOSYLATED HAEMOGLOBIN (HBA1C)**

GLYCOSYLATED HAEMOGLOBIN (HbA1c): WHOLE BLOOD <i>by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)</i>	<b>9.7<sup>H</sup></b>	%	4.0 - 6.4
ESTIMATED AVERAGE PLASMA GLUCOSE <i>by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)</i>	<b>231.69<sup>H</sup></b>	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
<b>Age &gt; 19 Years</b>	
Therapeutic goals for glycemic control	Goals of Therapy: < 7.0
	Actions Suggested: >8.0
<b>Age &lt; 19 Years</b>	
Goal of therapy:	<7.5

**COMMENTS:**

- Glycosylated hemoglobin (HbA1c) test is three monthly monitoring done to assess compliance with therapeutic regimen in diabetic patients.
- 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.
- 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
- Any condition that shorten RBC life span like acute blood loss, hemolytic anemia falsely lower HbA1c results.
- 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.
- 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.



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TEST PERFORMED AT KOS DIAGNOSTIC LAB, AMBALA CANTT.

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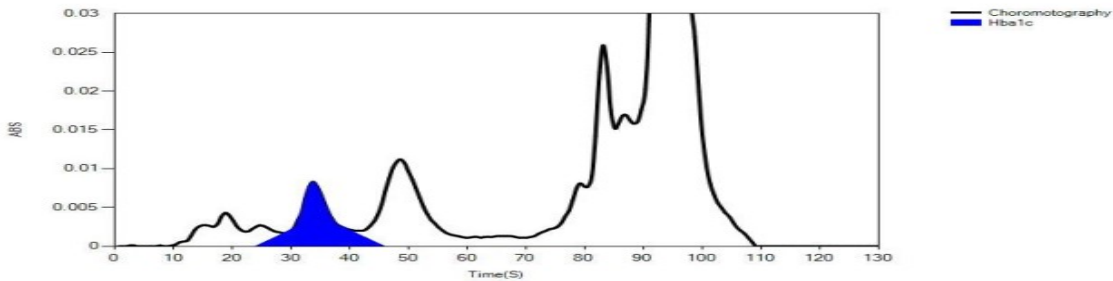
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LIFOTRONIC Graph Report


Name :	Case :	Patient Type :	Test Date : 25/01/2025 20:17:42
Age :	Department :	Sample Type : Whole Blood EDTA	Sample Id : 01524427
Gender :			Total Area : 10437


Peak Name	Retention Time(s)	Absorbance	Area	Result (Area %)
HbA0	69	2471	8992	86.2
HbA1c	35	112	887	9.7
La1c	24	83	272	3.0
HbF	21	17	68	0.2
Hba1b	14	44	132	1.4
Hba1a	11	27	86	0.9



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



  
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