

KOS Diagnostic Lab

(A Unit of KOS Healthcare)



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

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

4.0 - 6.4

NAME : Mr. SANDEEP KUMAR GUPTA

AGE/ GENDER : 45 YRS/MALE PATIENT ID : 1736305

COLLECTED BY : REG. NO./LAB NO. : 012501270048

 REFERRED BY
 : 27/Jan/2025 01:31 PM

 BARCODE NO.
 : 01524519
 COLLECTION DATE
 : 27/Jan/2025 01:46 PM

 CLIENT CODE.
 : KOS DIAGNOSTIC LAB
 REPORTING DATE
 : 27/Jan/2025 04:24 PM

CLIENT ADDRESS : 6349/1, NICHOLSON ROAD, AMBALA CANTT

Test Name Value Unit Biological Reference interval

HAEMATOLOGY

GLYCOSYLATED HAEMOGLOBIN (HBA1C)

GLYCOSYLATED HAEMOGLOBIN (HbA1c): 10.1^H %

WHOLE BLOOD by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)

ESTIMATED AVERAGE PLASMA GLUCOSE **243.17^H** mg/dL 60.00 - 140.00

by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)

INTERPRETATION:

AS PER AMERICAN DI	ABETES ASSOCIATION (ADA):	
REFERENCE GROUP	GLYCOSYLATED HEMOGL	OGIB (HBAIC) in %
Non diabetic Adults >= 18 years	<5.7	
At Risk (Prediabetes)	5.7 – 6.	4
Diagnosing Diabetes	>= 6.5	
	Age > 19 Y	ears
	Goals of Therapy:	< 7.0
Therapeutic goals for glycemic control	Actions Suggested:	>8.0
	Age < 19 Y	ears
	Goal of therapy:	<7.5

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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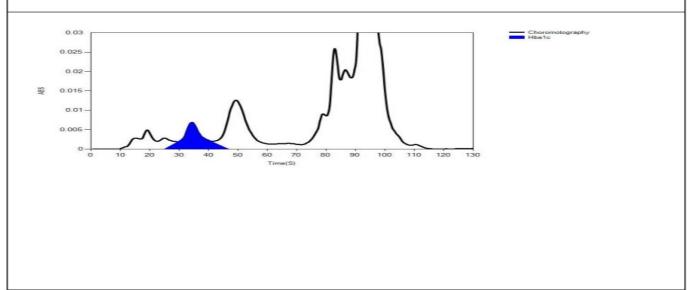
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Test Name Value Unit Biological Reference interval

LIFOTRONIC Graph Report

Name :	Case:	Patient Type :	Test Date: 27/01/2025 18:45:59
Age:	Department:	Sample Type: Whole Blood EDTA	Sample ld: 01524519
Gender:			Total Area: 10939

Peak Name	Retention Time(s)	Absorbance	Area	Result (Area %)
HbA0	69	2848	9223	80.6
HbA1c	36	126	1155	10.1
La1c	25	69	285	2.5
HbF	21	19	24	0.2
Hba1b	14	50	158	1.4
Hba1a	11	28	94	0.8



*** End Of Report ***

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