

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

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

<b>NAME</b>	: Mr. RAVI KUMAR	<b>PATIENT ID</b>	: 1740805
<b>AGE/ GENDER</b>	: 44 YRS/MALE	<b>REG. NO./LAB NO.</b>	: 012501310004
<b>COLLECTED BY</b>	:	<b>REGISTRATION DATE</b>	: 31/Jan/2025 07:58 AM
<b>REFERRED BY</b>	:	<b>COLLECTION DATE</b>	: 31/Jan/2025 08:02AM
<b>BARCODE NO.</b>	: 01524678	<b>REPORTING DATE</b>	: 31/Jan/2025 03:56PM
<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 by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)	9 <sup>H</sup>	%	4.0 - 6.4
ESTIMATED AVERAGE PLASMA GLUCOSE by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)	211.6 <sup>H</sup>	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	<b>Age &gt; 19 Years</b>
	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.
- High HbA1c (>9.0 -9.5 %) is strongly associated with risk of development and rapid progression of microvascular and nerve complications
- Any condition that shortens RBC life span like acute blood loss, hemolytic anemia falsely lowers 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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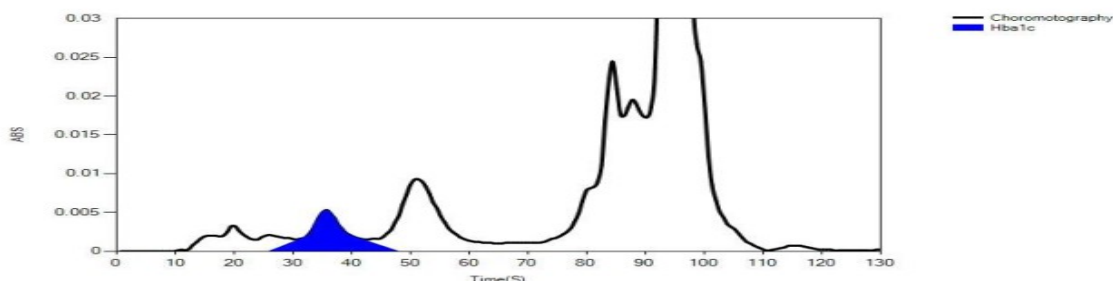
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LIFOTRONIC Graph Report


Name :	Case :	Patient Type :	Test Date : 31/01/2025 15:35:14
Age :	Department :	Sample Type : Whole Blood EDTA	Sample Id : 01524678
Gender :			Total Area : 9214

Peak Name	Retention Time(s)	Absorbance	Area	Result (Area %)
HbA0	70	2533	7838	80.6
HbA1c	37	93	875	9.0
La1c	26	53	289	3.0
HbF	19	21	31	0.3
Hba1b	14	33	111	1.1
Hba1a	11	20	70	0.7



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



  
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