NAME	**: Mrs. SUSHMA ANAND**		
AGE/ GENDER	: 32 YRS/FEMALE	**PATIENT ID**	: 378732
COLLECTED BY	:	**REG. NO./LAB NO.**	**: 012502050054**
REFERRED BY	:	**REGISTRATION DATE**	: 05/Feb/2025 04:51 PM
BARCODE NO.	: 01525021	**COLLECTION DATE**	: 05/Feb/2025 04:53PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 05/Feb/2025 06:58PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval

HAEMATOLOGY

GLYCOSYLATED HAEMOGLOBIN (HBA1C)

GLYCOSYLATED HAEMOGLOBIN (HbA1c): WHOLE BLOOD *by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)*	**8.6**^{H}	%	4.0 - 6.4
ESTIMATED AVERAGE PLASMA GLUCOSE *by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)*	**200.12**^{H}	mg/dL	60.00 - 140.00

INTERPRETATION:

AS PER AMERICAN DIABETES ASSOCIATION (ADA):		
REFERENCE GROUP	**GLYCOSYLATED HEMOGLOGIB (HBAIC) 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 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 HbAIc. 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 appropiate.

*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.

DR.VINAY CHOPRA
CONSULTANT PATHOLOGIST
MBBS, MD (PATHOLOGY & MICROBIOLOGY)

DR.YUGAM CHOPRA
CONSULTANT PATHOLOGIST
MBBS , MD (PATHOLOGY)

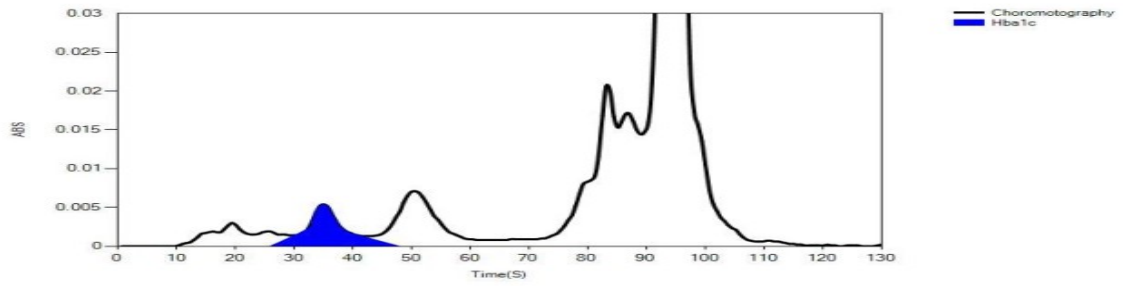
NAME	**: Mrs. SUSHMA ANAND**		
AGE/ GENDER	: 32 YRS/FEMALE	**PATIENT ID**	: 378732
COLLECTED BY	:	**REG. NO./LAB NO.**	**: 012502050054**
REFERRED BY	:	**REGISTRATION DATE**	: 05/Feb/2025 04:51 PM
BARCODE NO.	: 01525021	**COLLECTION DATE**	: 05/Feb/2025 04:53PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB	**REPORTING DATE**	: 05/Feb/2025 06:58PM
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBALA CANTT		

Test Name	Value	Unit	Biological Reference interval

LIFOTRONIC Graph Report

Name :	Case :	Patient Type :	Test Date : 05/02/2025 20:25:33
Age :	Department :	Sample Type : Whole Blood EDTA	Sample Id : 01525021
Gender :			Total Area : 7279

Peak Name	Retention Time(s)	Absorbance	Area	Result (Area %)
HbA0	69	1875	6135	79.4
HbA1c	37	71	661	8.6
La1c	25	54	283	3.7
HbF	18	19	26	0.3
Hba1b	14	30	102	1.3
Hba1a	11	19	72	0.9



*** End Of Report ***

DR.VINAY CHOPRA
CONSULTANT PATHOLOGIST
MBBS, MD (PATHOLOGY & MICROBIOLOGY)

DR.YUGAM CHOPRA
CONSULTANT PATHOLOGIST
MBBS , MD (PATHOLOGY)