

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

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

NAME	: Mr. ABHI	PATIENT ID	: 1784871
AGE/ GENDER	: 23 YRS/MALE	REG. NO./LAB NO.	: 012503090063
COLLECTED BY	:	REGISTRATION DATE	: 09/Mar/2025 02:54 PM
REFERRED BY	:	COLLECTION DATE	: 09/Mar/2025 03:02PM
BARCODE NO.	: 01526822	REPORTING DATE	: 09/Mar/2025 06:52PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB		
CLIENT ADDRESS	: 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>	8.6^H	%	4.0 - 6.4
ESTIMATED AVERAGE PLASMA GLUCOSE <i>by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)</i>	200.12^H	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	Age > 19 Years
	Goals of Therapy: < 7.0
	Actions Suggested: >8.0
	Age < 19 Years
	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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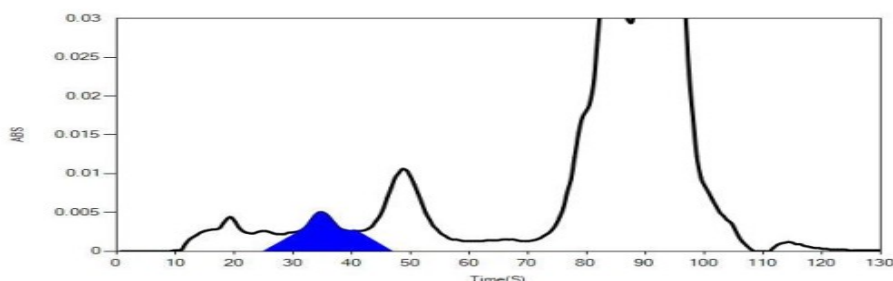
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LIFOTRONIC Graph Report

Name :	Case :	Patient Type :	Test Date : 09/03/2025 15:41:43
Age :	Department :	Sample Type : Whole Blood EDTA	Sample Id : 01526822
Gender :			Total Area : 11726

Peak Name	Retention Time(s)	Absorbance	Area	Result (Area %)
HbA0	68	2525	10150	81.4
HbA1c	36	106	1068	8.6
La1c	25	50	268	2.1
HbF	21	23	12	0.1
Hba1b	14	44	180	1.4
Hba1a	10	23	48	0.4




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REFERRED BY	:	COLLECTION DATE	: 09/Mar/2025 03:02PM
BARCODE NO.	: 01526822	REPORTING DATE	: 09/Mar/2025 05:06PM
CLIENT CODE.	: KOS DIAGNOSTIC LAB		
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CLINICAL CHEMISTRY/BIOCHEMISTRY

CREATININE

CREATININE: SERUM	0.91	mg/dL	0.40 - 1.40
<i>by ENZYMATIC, SPECTROPHOTOMETRY</i>			

*** End Of Report ***




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