

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

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

NAME	: Mr. ASHWANI KOHLI	PATIENT ID	: 1785247
AGE/ GENDER	: 59 YRS/MALE	REG. NO./LAB NO.	: 012503100028
COLLECTED BY	:	REGISTRATION DATE	: 10/Mar/2025 10:55 AM
REFERRED BY	: CENTRAL PHOENIX CLUB (AMBALA CANTT)	COLLECTION DATE	: 10/Mar/2025 11:01AM
BARCODE NO.	: 01526859	REPORTING DATE	: 10/Mar/2025 12:50PM
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>	6.1	%	4.0 - 6.4
ESTIMATED AVERAGE PLASMA GLUCOSE <i>by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)</i>	128.37	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
Age > 19 Years	
Therapeutic goals for glycemic control	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. 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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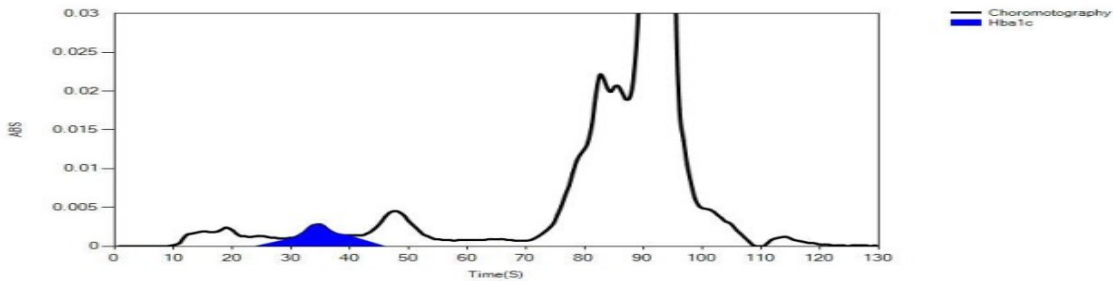
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LIFOTRONIC Graph Report


Name :	Case :	Patient Type :	Test Date : 10/03/2025 12:48:28
Age :	Department :	Sample Type : Whole Blood EDTA	Sample Id : 01526859
Gender :			Total Area : 7531


Peak Name	Retention Time(s)	Absorbance	Area	Result (Area %)
HbA0	68	1819	6708	83.1
HbA1c	35	46	491	6.1
La1c	25	28	138	1.7
HbF	21	10	8	0.1
Hba1b	14	24	106	1.3
Hba1a	11	19	80	1.0



*** End Of Report ***




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