



	<b>Dr. Vinay Cho</b> j MD (Pathology & M Chairman & Consu	licrobiology)		(Pathology)	
NAME	: Mrs. KAILASH RANI				
AGE/ GENDER	: 72 YRS/FEMALE		PATIENT ID	: 1813668	
COLLECTED BY	: SURJESH		REG. NO./LAB NO.	: 012504010037	
REFERRED BY	·		REGISTRATION DATE		
	:			: 01/Apr/2025 10:28 AM	
BARCODE NO.	: 01528151		COLLECTION DATE	: 01/Apr/2025 10:33AM	
CLIENT CODE.	: KOS DIAGNOSTIC LAB		REPORTING DATE	: 01/Apr/2025 11:44AM	
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AM	/IBALA CANTT			
Test Name		Value	Unit	Biological Reference interval	
	GLYCOS AEMOGLOBIN (HbA1c):	9.2 <sup>H</sup>	AEMOGLOBIN (HBA) %	4.0 - 6.4	
WHOLE BLOOD by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY) ESTIMATED AVERAGE PLASMA GLUCOSE by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)		217.34 <sup>H</sup>	mg/dL	60.00 - 140.00	
INTERPRETATION:					
AS PER AMERICAN DIABETES ASSOCIATION (ADA): REFERENCE GROUP GLYCOSYLATED HEMOGLOGIB (HBAIC) in %				(HRAIC) in %	
	betic Adults >= 18 years		GLYCOSYLATED HEMOGLOGIB (HBAIC) in %		
At Risk (Prediabetes)		5.7 - 6.4			
	agnosing Diabetes		>= 6.5		
			Age > 19 Years		
Thorapout	c goals for glycemic control	Goals of Therapy: Actions Suggested:		< 7.0	
Inerapeut	c goals for grycernic control	Action Action		>8.0	
			Age < 19 Years           Goal of therapy:         <7.5		
COMMENTS:		000	or thorupy.		

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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 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)

KOS Central Lab: 6349/1, Nicholson Road, Ambala Cantt -133 001, Haryana KOS Molecular Lab: IInd Floor, Parry Hotel, Staff Road, Opp. GPO, Ambala Cantt -133 001, Haryana 0171-2643898, +91 99910 43898 care@koshealthcare.com www.koshealthcare.com



TEST PERFORMED AT KOS DIAGNOSTIC LAB. AMBALA CANTT





	Dr. Vinay Cl MD (Pathology a Chairman & Cor		Dr. Yugam MD CEO & Consultant	(Pathology)	
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CLIENT CODE.	: KOS DIAGNOSTIC LAB	<b>REPORTING DATE</b>		: 01/Apr/2025 01:52PM	
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD	AMBALA CANTT			
Test Name		Value	Unit	Biological Reference interval	
	CLINIC	AL CHEMIS	<b>FRY/BIOCHEMIS</b>	STRY	
		GLUCOSE	FASTING (F)		
GLUCOSE FASTING (F): PLASMA by GLUCOSE OXIDASE - PEROXIDASE (GOD-POD)		224.79 <sup>H</sup>	mg/dL	NORMAL: < 100.0 PREDIABETIC: 100.0 - 125.0 DIABETIC: > 0R = 126.0	
1. A fasting plasma g 2. A fasting plasma g test (after consumpti 3. A fasting plasma g	ion of 75 gms of glucose) is reco	considered normal mg/dl is considered mmended for all su is highly suggestive	d as glucose intolerant or ch patients. e of diabetic state. A repe	prediabetic. A fasting and post-prandial blood at post-prandial is strongly recommended for a	

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

MBBS, MD (PATHOLOGY)

 KOS Central Lab: 6349/1, Nicholson Road, Ambala Cantt -133 001, Haryana

 KOS Molecular Lab: IInd Floor, Parry Hotel, Staff Road, Opp. GPO, Ambala Cantt -133 001, Haryana

 0171-2643898, +91 99910 43898
 care@koshealthcare.com
 www.koshealthcare.com



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KOS Diagnostic Lab (A Unit of KOS Healthcare)

ISO 9001 : 2008 CERT	IFIED LAB	E	XCELLENCE IN HEALTHCARE	& DIAGNOSTICS	
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CLIENT CODE.	: KOS DIAGNOSTIC LAB		TING DATE	: 01/Apr/2025 12:40PM	
CLIENT ADDRESS	: 6349/1, NICHOLSON ROAD, AMBAL	A CANTT			
Test Name	V	alue	Unit	<b>Biological Reference interval</b>	
		UREA			
UREA: SERUM		6.62	mg/dL	10.00 - 50.00	
by UREASE - GLUTAN	IATE DEHYDROGENASE (GLDH)				
		Λ.			
超效率的影响	than -	yhopro			
	U.				
	DR.VINAY CHOPRA	DR.YUGAM CHOP			
	CONSULTANT PATHOLOGIST MBBS, MD (PATHOLOGY & MICROBIOLOGY	CONSULTANT PAT () MBBS , MD (PATH			
KOS Central Lab: 6349/1	, Nicholson Road, Ambala Cantt -133 001, Ha				
	Floor, Parry Hotel, Staff Road, Opp. GPO, Am		laryana		
	43898   care@koshealthcare.com   www.l				
				Page 3 of 4	



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KOS Diagnostic Lab (A Unit of KOS Healthcare)

9001:2008 CERT	IFIED LAB	1	EXCELLENCE IN HEALTHCARI	E & DIAGNOSTICS
	Dr. Vinay MD (Patholog Chairman & C	Chopra gy & Microbiology) Consultant Pathologist	Dr. Yugan MD CEO & Consultant	(Pathology)
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Test Name		Value	Unit	<b>Biological Reference interval</b>
CREATININE: SER by ENZYMATIC, SPEC		CREATINII 1.32 <sup>H</sup>	NE mg/dL	0.40 - 1.20
	DE VINAY CHOPPA	ghopri DR VIIGAM CHO	~	

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

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

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