CLIENT CODE.





PKR JAIN HEALTHCARE INSTITUTE

NASIRPUR, Hissar Road, AMBALA CITY- (Haryana)

A PIONEER DIAGNOSTIC CENTRE

■ 0171-2532620, 8222896961 **■** pkrjainhealthcare@gmail.com

NAME : Mrs. SUKRITI

AGE/ GENDER : 46 YRS/FEMALE **PATIENT ID** : 1569248

COLLECTED BY : 122408030013 REG. NO./LAB NO.

REFERRED BY **REGISTRATION DATE** : 03/Aug/2024 11:37 AM BARCODE NO. : 12503967 **COLLECTION DATE** : 03/Aug/2024 11:51AM

CLIENT ADDRESS : NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYANA

: P.K.R JAIN HEALTHCARE INSTITUTE

Value Unit **Biological Reference interval** Test Name

HAEMATOLOGY

GLYCOSYLATED HAEMOGLOBIN (HBA1C)

GLYCOSYLATED HAEMOGLOBIN (HbA1c): 6.9H 4.0 - 6.4WHOLE BLOOD

by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY)

ESTIMATED AVERAGE PLASMA GLUCOSE

by HPLC (HIGH PERFORMANCE LIQUID CHROMATOGRAPHY) INTERPRETATION:

mg/dL 151.33H

REPORTING DATE

60.00 - 140.00

: 03/Aug/2024 04:31PM

AS PER AMERICAN D	IABETES ASSOCIATION (ADA):		
REFERENCE GROUP	GLYCOSYLATED HEMOGI	OGIB (HBAIC) in %	
Non diabetic Adults >= 18 years	<5.7		
At Risk (Prediabetes)	5.7 – 6.	4	
Diagnosing Diabetes	>= 6.5		
	Age > 19 Years		
	Goals of Therapy:	< 7.0	
Therapeutic goals for glycemic control	Actions Suggested:	>8.0	
	Age < 19 Y	ears	
	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 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 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)



440 Dated 17.5.2012 u/s 80 G OF INCOME TAX ACT. PAN NO. AAAAP1600. REPORT ATTRACTS THE CONDITIONS PRINTED OVERLEAF (P.T.O.)



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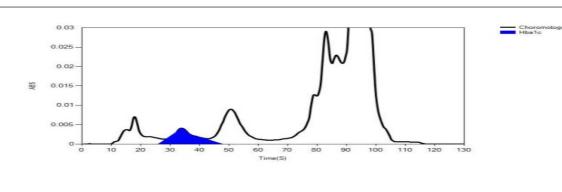
: P.K.R JAIN HEALTHCARE INSTITUTE

Test Name Value Unit **Biological Reference interval**

LIFOTRONIC Graph Report

				_
Name :	Case:	Patient Type :	Test Date: 03/08/2024 16:14:25	۱
Age:	Department:	Sample Type: Whole Blood EDTA	Sample ld: 12503967	۱
Gender:			Total Area : 12688	1

Peak Name	Retention Time(s)	Absorbance	Area	Result (Area %)
HbA0	69	3730	11216	84.3
HbA1c	37	90	916	6.9
La1c	24	41	228	1.7
HbF	21	13	13	0.1
Hba1b	13	72	199	1.5
Hba1a	11	37	116	0.9



*** End Of Report ***

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