**PKR JAIN HEALTHCARE INSTITUTE** NASIRPUR, Hissar Road, AMBALA CITY- (Haryana)

A PIONEER DIAGNOSTIC CENTRE

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NAME	: Mr. ASHISH SETHI				
AGE/ GENDER	: 30 YRS/MALE	PATIEN	IT ID	: 1587480	
COLLECTED BY	:	REG. NO	D./LAB NO.	: 122408220004	
REFERRED BY	:	REGIST	RATION DATE	: 22/Aug/2024 08:14 AM	
BARCODE NO.	: 12504243	COLLEC	TION DATE	: 22/Aug/2024 03:33PM	
CLIENT CODE.	: P.K.R JAIN HEALTHCARE INSTIT	UTE <b>REPOR</b> '	TING DATE	: 23/Aug/2024 07:08AM	
CLIENT ADDRESS	: NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYANA				
Test Name		Value	Unit	Biological Reference interva	
		HAEMATOLO SYLATED HAEMOG	LOBIN (HBA1C)		
NHOLE BLOOD by HPLC (HIGH PERFO ESTIMATED AVERAG by HPLC (HIGH PERFO	MOGLOBIN (HbA1c): DRMANCE LIQUID CHROMATOGRAPHY) E PLASMA GLUCOSE DRMANCE LIQUID CHROMATOGRAPHY)	SYLATED HAEMOG 8.3 <sup>H</sup> 191.51 <sup>H</sup>	LOBIN (HBA1C) % mg/dL	4.0 - 6.4 60.00 - 140.00	
NHOLE BLOOD by HPLC (HIGH PERFO ESTIMATED AVERAG by HPLC (HIGH PERFO INTERPRETATION:	MOGLOBIN (HbA1c): DRMANCE LIQUID CHROMATOGRAPHY) E PLASMA GLUCOSE DRMANCE LIQUID CHROMATOGRAPHY) AS PER AMERICAN DIA	SYLATED HAEMOG 8.3 <sup>H</sup> 191.51 <sup>H</sup> ABETES ASSOCIATION (A	LOBIN (HBA1C) % mg/dL DA):	60.00 - 140.00	
NHOLE BLOOD by HPLC (HIGH PERFO ESTIMATED AVERAG by HPLC (HIGH PERFO INTERPRETATION:	MOGLOBIN (HbA1c): DRMANCE LIQUID CHROMATOGRAPHY) E PLASMA GLUCOSE DRMANCE LIQUID CHROMATOGRAPHY) AS PER AMERICAN DIA REFERENCE GROUP	SYLATED HAEMOG 8.3 <sup>H</sup> 191.51 <sup>H</sup> ABETES ASSOCIATION (A	LOBIN (HBA1C) % mg/dL DA): ITED HEMOGLOGIB	60.00 - 140.00	
NHOLE BLOOD by HPLC (HIGH PERFO ESTIMATED AVERAG by HPLC (HIGH PERFO INTERPRETATION: Non di	MOGLOBIN (HbA1c): DRMANCE LIQUID CHROMATOGRAPHY) E PLASMA GLUCOSE DRMANCE LIQUID CHROMATOGRAPHY) AS PER AMERICAN DIA REFERENCE GROUP abetic Adults >= 18 years	SYLATED HAEMOG 8.3 <sup>H</sup> 191.51 <sup>H</sup> ABETES ASSOCIATION (A	LOBIN (HBA1C) % mg/dL DA):	60.00 - 140.00	
NHOLE BLOOD by HPLC (HIGH PERFO ESTIMATED AVERAG by HPLC (HIGH PERFO INTERPRETATION: NON di	MOGLOBIN (HbA1c): DRMANCE LIQUID CHROMATOGRAPHY) E PLASMA GLUCOSE DRMANCE LIQUID CHROMATOGRAPHY) AS PER AMERICAN DIA REFERENCE GROUP abetic Adults >= 18 years t Risk (Prediabetes)	SYLATED HAEMOG 8.3 <sup>H</sup> 191.51 <sup>H</sup> ABETES ASSOCIATION (A	LOBIN (HBA1C) % mg/dL DA): ITED HEMOGLOGIB <5.7	60.00 - 140.00	
WHOLE BLOOD by HPLC (HIGH PERFO ESTIMATED AVERAG by HPLC (HIGH PERFO INTERPRETATION: Non di	MOGLOBIN (HbA1c): DRMANCE LIQUID CHROMATOGRAPHY) E PLASMA GLUCOSE DRMANCE LIQUID CHROMATOGRAPHY) AS PER AMERICAN DIA REFERENCE GROUP abetic Adults >= 18 years	SYLATED HAEMOG 8.3 <sup>H</sup> 191.51 <sup>H</sup> ABETES ASSOCIATION (A GLYCOSYLA	LOBIN (HBA1C) % mg/dL DA): XTED HEMOGLOGIB <5.7 5.7 - 6.4 >= 6.5 Age > 19 Years	60.00 - 140.00 (HBAIC) in %	
NHOLE BLOOD by HPLC (HIGH PERFO ESTIMATED AVERAG by HPLC (HIGH PERFO <u>NTERPRETATION:</u> Non di A	MOGLOBIN (HbA1c): DRMANCE LIQUID CHROMATOGRAPHY) E PLASMA GLUCOSE DRMANCE LIQUID CHROMATOGRAPHY) AS PER AMERICAN DIA REFERENCE GROUP abetic Adults >= 18 years t Risk (Prediabetes) biagnosing Diabetes	SYLATED HAEMOG 8.3 <sup>H</sup> 191.51 <sup>H</sup> ABETES ASSOCIATION (A GLYCOSYLA Goals of Thera	LOBIN (HBA1C) % mg/dL DA): <5.7 5.7 – 6.4 >= 6.5 Age > 19 Years py:	60.00 - 140.00 (HBAIC) in %	
WHOLE BLOOD by HPLC (HIGH PERFO ESTIMATED AVERAG by HPLC (HIGH PERFO INTERPRETATION: Non di A	MOGLOBIN (HbA1c): DRMANCE LIQUID CHROMATOGRAPHY) E PLASMA GLUCOSE DRMANCE LIQUID CHROMATOGRAPHY) AS PER AMERICAN DIA REFERENCE GROUP abetic Adults >= 18 years t Risk (Prediabetes)	SYLATED HAEMOG 8.3 <sup>H</sup> 191.51 <sup>H</sup> ABETES ASSOCIATION (A GLYCOSYLA	LOBIN (HBA1C) % mg/dL DA): <5.7 5.7 – 6.4 >= 6.5 Age > 19 Years py:	60.00 - 140.00 (HBAIC) in %	

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

\*\*\* End Of Report \*\*\*



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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.)** 

