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

A PIONEER DIAGNOSTIC CENTRE

🔽 0171-2532620, 8222896961 🛛 🖾 pkrjainhealthcare@gmail.com

NAME	: Mr. KARAM SINGH			
AGE/ GENDER	: 36 YRS/MALE	PA	TIENT ID	: 1494004
COLLECTED BY	:	RE	G. NO./LAB NO.	: 122409020030
REFERRED BY	:	RE	GISTRATION DATE	: 02/Sep/2024 01:55 PM
BARCODE NO.	: 12504449	со	LLECTION DATE	: 02/Sep/2024 03:34PM
CLIENT CODE.	: P.K.R JAIN HEALTHCARE INST	TUTE RE	PORTING DATE	: 03/Sep/2024 09:02AM
CLIENT ADDRESS	: NASIRPUR, HISSAR ROAD, AM			
Test Name		Value	Unit	Biological Reference interva
NHOLE BLOOD by HPLC (HIGH PERFO	MOGLOBIN (HbA1c): prmance liquid chromatography)	8.8 ^H	10GLOBIN (HBA1C) %	4.0 - 6.4
NHOLE BLOOD by HPLC (HIGH PERFO STIMATED AVERAG by HPLC (HIGH PERFO	MOGLOBIN (HbA1c): DRMANCE LIQUID CHROMATOGRAPHY) E PLASMA GLUCOSE DRMANCE LIQUID CHROMATOGRAPHY)	COSYLATED HAEN 8.8 ^H 205.86 ^H	NOGLOBIN (HBA1C) % mg/dL	
NHOLE BLOOD by HPLC (HIGH PERFO STIMATED AVERAG by HPLC (HIGH PERFO <u>NTERPRETATION:</u>	MOGLOBIN (HbA1c): DRMANCE LIQUID CHROMATOGRAPHY) E PLASMA GLUCOSE DRMANCE LIQUID CHROMATOGRAPHY)	COSYLATED HAEN 8.8 ^H 205.86 ^H DIABETES ASSOCIATIO	MOGLOBIN (HBA1C) % mg/dL DN (ADA):	4.0 - 6.4 60.00 - 140.00
NHOLE BLOOD by HPLC (HIGH PERFO STIMATED AVERAG by HPLC (HIGH PERFO <u>NTERPRETATION:</u>	MOGLOBIN (HbA1c): DRMANCE LIQUID CHROMATOGRAPHY) E PLASMA GLUCOSE DRMANCE LIQUID CHROMATOGRAPHY) AS PER AMERICAN I	COSYLATED HAEN 8.8 ^H 205.86 ^H DIABETES ASSOCIATIO	NOGLOBIN (HBA1C) % mg/dL	4.0 - 6.4 60.00 - 140.00
NHOLE BLOOD by HPLC (HIGH PERFO STIMATED AVERAG by HPLC (HIGH PERFO <u>NTERPRETATION:</u>	MOGLOBIN (HbA1c): PRMANCE LIQUID CHROMATOGRAPHY) E PLASMA GLUCOSE PRMANCE LIQUID CHROMATOGRAPHY) AS PER AMERICAN I REFERENCE GROUP abetic Adults >= 18 years t Risk (Prediabetes)	COSYLATED HAEN 8.8 ^H 205.86 ^H DIABETES ASSOCIATIO	MOGLOBIN (HBA1C) % mg/dL DN (ADA): DSYLATED HEMOGLOGIE	4.0 - 6.4 60.00 - 140.00
NHOLE BLOOD by HPLC (HIGH PERFO ESTIMATED AVERAG by HPLC (HIGH PERFO <u>NTERPRETATION:</u>	MOGLOBIN (HbA1c): PRMANCE LIQUID CHROMATOGRAPHY) E PLASMA GLUCOSE PRMANCE LIQUID CHROMATOGRAPHY) AS PER AMERICAN I REFERENCE GROUP abetic Adults >= 18 years	COSYLATED HAEN 8.8 ^H 205.86 ^H DIABETES ASSOCIATIO	AOGLOBIN (HBA1C) % mg/dL DN (ADA): DSYLATED HEMOGLOGIE <5.7 5.7 - 6.4 >= 6.5	4.0 - 6.4 60.00 - 140.00
NHOLE BLOOD by HPLC (HIGH PERFO ESTIMATED AVERAG by HPLC (HIGH PERFO <u>NTERPRETATION:</u>	MOGLOBIN (HbA1c): PRMANCE LIQUID CHROMATOGRAPHY) E PLASMA GLUCOSE PRMANCE LIQUID CHROMATOGRAPHY) AS PER AMERICAN I REFERENCE GROUP abetic Adults >= 18 years t Risk (Prediabetes)	COSYLATED HAEN 8.8 ^H 205.86 ^H DIABETES ASSOCIATIO	AOGLOBIN (HBA1C) % mg/dL DN (ADA): DSYLATED HEMOGLOGIE <5.7 5.7 - 6.4 >= 6.5 Age > 19 Years	4.0 - 6.4 60.00 - 140.00 3 (HBAIC) in %
VHOLE BLOOD by HPLC (HIGH PERFO STIMATED AVERAG by HPLC (HIGH PERFO <u>NTERPRETATION:</u> Non dia A D	MOGLOBIN (HbA1c): DRMANCE LIQUID CHROMATOGRAPHY) E PLASMA GLUCOSE DRMANCE LIQUID CHROMATOGRAPHY) AS PER AMERICAN I REFERENCE GROUP abetic Adults >= 18 years t Risk (Prediabetes) iagnosing Diabetes	COSYLATED HAEN 8.8 ^H 205.86 ^H DIABETES ASSOCIATION GLYCO Goals of	AOGLOBIN (HBA1C) % mg/dL DN (ADA): DSYLATED HEMOGLOGIE <5.7 5.7 – 6.4 >= 6.5 Age > 19 Years Therapy:	4.0 - 6.4 60.00 - 140.00 3 (HBAIC) in %
NHOLE BLOOD by HPLC (HIGH PERFO ESTIMATED AVERAG by HPLC (HIGH PERFO INTERPRETATION: NON dia A D	MOGLOBIN (HbA1c): PRMANCE LIQUID CHROMATOGRAPHY) E PLASMA GLUCOSE PRMANCE LIQUID CHROMATOGRAPHY) AS PER AMERICAN I REFERENCE GROUP abetic Adults >= 18 years t Risk (Prediabetes)	COSYLATED HAEN 8.8 ^H 205.86 ^H DIABETES ASSOCIATIO	AOGLOBIN (HBA1C) % mg/dL DN (ADA): DSYLATED HEMOGLOGIE <5.7 5.7 – 6.4 >= 6.5 Age > 19 Years Therapy:	4.0 - 6.4 60.00 - 140.00 3 (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 ***



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

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

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