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

A PIONEER DIAGNOSTIC CENTRE

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

NAME	: Mr. VINOD KUMAR			
AGE/ GENDER	: 65 YRS/MALE	PATIE	NT ID	: 1602577
COLLECTED BY	:	REG. N	0./LAB NO.	: 122409050004
REFERRED BY	:	REGIS	TRATION DATE	: 05/Sep/2024 08:31 AM
BARCODE NO.	: 12504496	COLLE	CTION DATE	: 05/Sep/2024 08:36AM
CLIENT CODE.	: P.K.R JAIN HEALTHCARE INSTI	TUTE <b>REPO</b> I	RTING DATE	: 05/Sep/2024 02:28PM
CLIENT ADDRESS	: NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYANA			
Test Name		Value	Unit	Biological Reference interva
		HAEMATOL		
WHOLE BLOOD by HPLC (HIGH PERFO ESTIMATED AVERAGE by HPLC (HIGH PERFO	MOGLOBIN (HbA1c): RMANCE LIQUID CHROMATOGRAPHY)	HAEMATOL DSYLATED HAEMOO 7.4 <sup>H</sup> 165.68 <sup>H</sup>		4.0 - 6.4 60.00 - 140.00
NHOLE BLOOD by HPLC (HIGH PERFO ESTIMATED AVERAGI by HPLC (HIGH PERFO	MOGLOBIN (HbA1c): RMANCE LIQUID CHROMATOGRAPHY) E PLASMA GLUCOSE RMANCE LIQUID CHROMATOGRAPHY)	DSYLATED HAEMOO 7.4 <sup>H</sup>	GLOBIN (HBA1C) % mg/dL	
NHOLE BLOOD by HPLC (HIGH PERFO STIMATED AVERAGI by HPLC (HIGH PERFO <u>NTERPRETATION:</u>	MOGLOBIN (HbA1c): RMANCE LIQUID CHROMATOGRAPHY) E PLASMA GLUCOSE RMANCE LIQUID CHROMATOGRAPHY)	DSYLATED HAEMOO 7.4 <sup>H</sup> 165.68 <sup>H</sup>	GLOBIN (HBA1C) % mg/dL	60.00 - 140.00
NHOLE BLOOD by HPLC (HIGH PERFO ESTIMATED AVERAGI by HPLC (HIGH PERFO INTERPRETATION: F Non dia	MOGLOBIN (HbA1c): RMANCE LIQUID CHROMATOGRAPHY) E PLASMA GLUCOSE RMANCE LIQUID CHROMATOGRAPHY) AS PER AMERICAN D REFERENCE GROUP abetic Adults >= 18 years	DSYLATED HAEMOO 7.4 <sup>H</sup> 165.68 <sup>H</sup>	GLOBIN (HBA1C) % mg/dL ADA): ATED HEMOGLOGIB <5.7	60.00 - 140.00
NHOLE BLOOD by HPLC (HIGH PERFO STIMATED AVERAGI by HPLC (HIGH PERFO <u>NTERPRETATION:</u> 6 Non dia A	MOGLOBIN (HbA1c): RMANCE LIQUID CHROMATOGRAPHY) E PLASMA GLUCOSE RMANCE LIQUID CHROMATOGRAPHY) AS PER AMERICAN D REFERENCE GROUP abetic Adults >= 18 years t Risk (Prediabetes)	DSYLATED HAEMOO 7.4 <sup>H</sup> 165.68 <sup>H</sup>	GLOBIN (HBA1C) % mg/dL ADA): <u>ATED HEMOGLOGIB</u> <5.7 5.7 - 6.4	60.00 - 140.00
NHOLE BLOOD by HPLC (HIGH PERFO ESTIMATED AVERAGI by HPLC (HIGH PERFO INTERPRETATION: 6 10 10 10 10 10 10 10 10 10 10 10 10 10	MOGLOBIN (HbA1c): RMANCE LIQUID CHROMATOGRAPHY) E PLASMA GLUCOSE RMANCE LIQUID CHROMATOGRAPHY) AS PER AMERICAN D REFERENCE GROUP abetic Adults >= 18 years	DSYLATED HAEMOO 7.4 <sup>H</sup> 165.68 <sup>H</sup>	GLOBIN (HBA1C) % mg/dL ADA): <u>ATED HEMOGLOGIB</u> <5.7 5.7 - 6.4 >= 6.5	60.00 - 140.00
NHOLE BLOOD by HPLC (HIGH PERFO ESTIMATED AVERAGI by HPLC (HIGH PERFO INTERPRETATION: 6 10 10 10 10 10 10 10 10 10 10 10 10 10	MOGLOBIN (HbA1c): RMANCE LIQUID CHROMATOGRAPHY) E PLASMA GLUCOSE RMANCE LIQUID CHROMATOGRAPHY) AS PER AMERICAN D REFERENCE GROUP abetic Adults >= 18 years t Risk (Prediabetes)	DSYLATED HAEMOO 7.4 <sup>H</sup> 165.68 <sup>H</sup> ABETES ASSOCIATION ( GLYCOSYI	GLOBIN (HBA1C) % mg/dL ADA): ATED 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 AVERAGI by HPLC (HIGH PERFO <u>NTERPRETATION:</u> Non dia Ai D	MOGLOBIN (HbA1c): RMANCE LIQUID CHROMATOGRAPHY) E PLASMA GLUCOSE RMANCE LIQUID CHROMATOGRAPHY) AS PER AMERICAN D REFERENCE GROUP abetic Adults >= 18 years t Risk (Prediabetes) iagnosing Diabetes	DSYLATED HAEMOO 7.4 <sup>H</sup> 165.68 <sup>H</sup> ABETES ASSOCIATION ( GLYCOSYL	GLOBIN (HBA1C) % mg/dL ADA): ATED HEMOGLOGIB <5.7 5.7 – 6.4 >= 6.5 Age > 19 Years apy:	60.00 - 140.00 (HBAIC) in %
ESTIMATED AVERAGI by HPLC (HIGH PERFO INTERPRETATION: Non dia A D	MOGLOBIN (HbA1c): RMANCE LIQUID CHROMATOGRAPHY) E PLASMA GLUCOSE RMANCE LIQUID CHROMATOGRAPHY) AS PER AMERICAN D REFERENCE GROUP abetic Adults >= 18 years t Risk (Prediabetes)	DSYLATED HAEMOO 7.4 <sup>H</sup> 165.68 <sup>H</sup> ABETES ASSOCIATION ( GLYCOSYI	GLOBIN (HBA1C) % mg/dL ADA): ATED HEMOGLOGIB <5.7 5.7 – 6.4 >= 6.5 Age > 19 Years apy:	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 \*\*\*



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.)** 

