

A PIONEER DIAGNOSTIC CENTRE

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

NAME	: Mrs. MANJEET KAUR				
AGE/ GENDER	: 56 YRS/FEMALE		PATIENT ID	: 1711854	
COLLECTED BY	:		REG. NO./LAB NO.	: 122412310008	
REFERRED BY	:		REGISTRATION DATE	: 31/Dec/2024 12:23 PM	
BARCODE NO.	: 12506360		COLLECTION DATE	: 31/Dec/2024 01:43PM	
CLIENT CODE.	: P.K.R JAIN HEALTHCARE IN	ISTITUTE	REPORTING DATE	: 31/Dec/2024 04:54PM	
CLIENT ADDRESS	: NASIRPUR, HISSAR ROAD, AMBALA CITY - HARYANA				
Test Name		Value	Unit	Biological Reference interval	
	GL		ATOLOGY EMOGLOBIN (HBA1C)		
GLYCOSYLATED HAE	MOGLOBIN (HbA1c):			4.0 - 6.4	
WHOLE BLOOD by HPLC (HIGH PERFORM ESTIMATED AVERAGI by HPLC (HIGH PERFORM	MOGLOBIN (HbA1c):	YCOSYLATED HA	EMOGLOBIN (HBA1C)	4.0 - 6.4 60.00 - 140.00	
WHOLE BLOOD by HPLC (HIGH PERFORM ESTIMATED AVERAGI by HPLC (HIGH PERFORM	MOGLOBIN (HbA1c): MANCE LIQUID CHROMATOGRAPHY) E PLASMA GLUCOSE MANCE LIQUID CHROMATOGRAPHY)	YCOSYLATED HA 8.2 ^H	EMOGLOBIN (HBA1C) % mg/dL		
WHOLE BLOOD by HPLC (HIGH PERFORM ESTIMATED AVERAGI by HPLC (HIGH PERFORM INTERPRETATION:	MOGLOBIN (HbA1c): MANCE LIQUID CHROMATOGRAPHY) E PLASMA GLUCOSE MANCE LIQUID CHROMATOGRAPHY)	YCOSYLATED HA 8.2 ^H 188.64 ^H	EMOGLOBIN (HBA1C) % mg/dL	60.00 - 140.00	
WHOLE BLOOD by HPLC (HIGH PERFORM ESTIMATED AVERAGI by HPLC (HIGH PERFORM INTERPRETATION: RE	MOGLOBIN (HbA1c): MANCE LIQUID CHROMATOGRAPHY) E PLASMA GLUCOSE MANCE LIQUID CHROMATOGRAPHY) AS PER AMERICAN DIA	YCOSYLATED HA 8.2 ^H 188.64 ^H	EMOGLOBIN (HBA1C) % mg/dL ADA):	60.00 - 140.00	
WHOLE BLOOD by HPLC (HIGH PERFORM ESTIMATED AVERAGI by HPLC (HIGH PERFORM INTERPRETATION: RE Non diab At F	MOGLOBIN (HbA1c): MANCE LIQUID CHROMATOGRAPHY) E PLASMA GLUCOSE MANCE LIQUID CHROMATOGRAPHY) AS PER AMERICAN DIA FERENCE GROUP etic Adults >= 18 years Risk (Prediabetes)	YCOSYLATED HA 8.2 ^H 188.64 ^H	EMOGLOBIN (HBA1C) % mg/dL ADA): 	60.00 - 140.00	
WHOLE BLOOD by HPLC (HIGH PERFORM ESTIMATED AVERAGI by HPLC (HIGH PERFORM INTERPRETATION: RE Non diab At F	MOGLOBIN (HbA1c): MANCE LIQUID CHROMATOGRAPHY) E PLASMA GLUCOSE MANCE LIQUID CHROMATOGRAPHY) AS PER AMERICAN DIA FERENCE GROUP etic Adults >= 18 years	YCOSYLATED HA 8.2 ^H 188.64 ^H	EMOGLOBIN (HBA1C) % mg/dL ADA): 	60.00 - 140.00	
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WHOLE BLOOD by HPLC (HIGH PERFORM ESTIMATED AVERAGI by HPLC (HIGH PERFORM INTERPRETATION: RE Non diab At F Diag	MOGLOBIN (HbA1c): MANCE LIQUID CHROMATOGRAPHY) E PLASMA GLUCOSE MANCE LIQUID CHROMATOGRAPHY) AS PER AMERICAN DIA FERENCE GROUP etic Adults >= 18 years tisk (Prediabetes) gnosing Diabetes	YCOSYLATED HA 8.2 ^H 188.64 ^H ABETES ASSOCIATION (GLYCOSYL	EMOGLOBIN (HBA1C) % mg/dL ADA): .ATED HEMOGLOGIB (HBAIC) in <5.7 5.7 – 6.4 >= 6.5 Age > 19 Years "apy: <7.0	60.00 - 140.00	
WHOLE BLOOD by HPLC (HIGH PERFORM ESTIMATED AVERAGI by HPLC (HIGH PERFORM INTERPRETATION: RE Non diab At F Diag	MOGLOBIN (HbA1c): MANCE LIQUID CHROMATOGRAPHY) E PLASMA GLUCOSE MANCE LIQUID CHROMATOGRAPHY) AS PER AMERICAN DIA FERENCE GROUP etic Adults >= 18 years Risk (Prediabetes)	YCOSYLATED HA 8.2 ^H 188.64 ^H	EMOGLOBIN (HBA1C) % mg/dL ADA): .ATED HEMOGLOGIB (HBAIC) in <5.7 5.7 – 6.4 >= 6.5 Age > 19 Years "apy: <7.0	60.00 - 140.00	

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.



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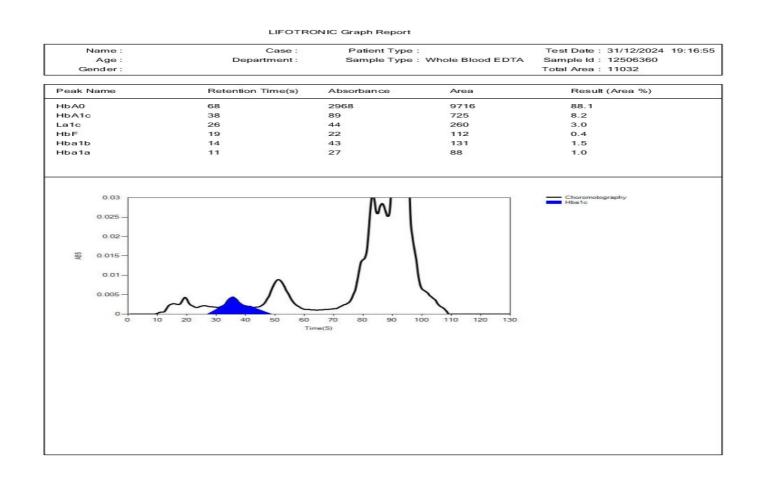
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*** End Of Report ***

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