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

**A PIONEER DIAGNOSTIC CENTRE** 

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	: Mr. MUKESH VERMA						
AGE/ GENDER	: 57 YRS/MALE		PATIENT ID		: 17678	382	
COLLECTED BY	:		REG. NO./LAB NO.		: 122502240010		
REFERRED BY	:		<b>REGISTRATION DATE</b>		: 24/Feb/2025 10:58 AM		
BARCODE NO.	: 12507195	COLLECTION D	ATE	: 24/Feb/2025 11:34AM			
CLIENT CODE.	: P.K.R JAIN HEALTHCARE INSTIT	TUTE	<b>REPORTING D</b> A	ATE	: 24/Feb/2025 06:56PM		
CLIENT ADDRESS	: NASIRPUR, HISSAR ROAD, AMB	ALA CITY - HA	RYANA				
Test Name		Value		Unit		Biological Reference	e interval
		НАЕМ	ATOLOGY				
	GLYCOS	SYLATED HA	EMOGLOBIN	(HBA1C	)		
WHOLE BLOOD	EMOGLOBIN (HbA1c):	SYLATED HA 7.6 <sup>H</sup>		" <b>(HBA1C</b> ) %	)	4.0 - 6.4	
WHOLE BLOOD by HPLC (HIGH PERFOR ESTIMATED AVERA						4.0 - 6.4 60.00 - 140.00	
WHOLE BLOOD by hplc (high perfor ESTIMATED AVERA by hplc (high perfor	EMOGLOBIN (HbA1c): RMANCE LIQUID CHROMATOGRAPHY) GE PLASMA GLUCOSE RMANCE LIQUID CHROMATOGRAPHY)	7.6 <sup>H</sup> 171.42 <sup>H</sup>		%	)		
WHOLE BLOOD by HPLC (HIGH PERFOF ESTIMATED AVERA by HPLC (HIGH PERFOF NTERPRETATION:	EMOGLOBIN (HbA1c): rmance liquid chromatography) GE PLASMA GLUCOSE	7.6 <sup>H</sup> 171.42 <sup>H</sup> Abetes Associ		% mg/dL		60.00 - 140.00	
WHOLE BLOOD by HPLC (HIGH PERFON ESTIMATED AVERA by HPLC (HIGH PERFON INTERPRETATION: F Non dia	EMOGLOBIN (HbA1c): RMANCE LIQUID CHROMATOGRAPHY) GE PLASMA GLUCOSE RMANCE LIQUID CHROMATOGRAPHY) AS PER AMERICAN DI REFERENCE GROUP abetic Adults >= 18 years	7.6 <sup>H</sup> 171.42 <sup>H</sup> Abetes Associ	ATION (ADA): .YCOSYLATED HEN	% mg/dL		60.00 - 140.00	
WHOLE BLOOD by HPLC (HIGH PERFON ESTIMATED AVERA by HPLC (HIGH PERFON INTERPRETATION: F Non dia At	EMOGLOBIN (HbA1c): RMANCE LIQUID CHROMATOGRAPHY) GE PLASMA GLUCOSE RMANCE LIQUID CHROMATOGRAPHY) AS PER AMERICAN DI REFERENCE GROUP abetic Adults >= 18 years t Risk (Prediabetes)	7.6 <sup>H</sup> 171.42 <sup>H</sup> Abetes Associ	ATION (ADA): YCOSYLATED HEN 5.7	% mg/dL <u>MOGLOGIB (</u> <5.7 7 – 6.4		60.00 - 140.00	
WHOLE BLOOD by HPLC (HIGH PERFON ESTIMATED AVERA by HPLC (HIGH PERFON INTERPRETATION: F Non dia At	EMOGLOBIN (HbA1c): RMANCE LIQUID CHROMATOGRAPHY) GE PLASMA GLUCOSE RMANCE LIQUID CHROMATOGRAPHY) AS PER AMERICAN DI REFERENCE GROUP abetic Adults >= 18 years	7.6 <sup>H</sup> 171.42 <sup>H</sup> Abetes Associ	ATION (ADA): YCOSYLATED HEN 5.7	% mg/dL <u>AOGLOGIB (</u> <5.7 7 − 6.4 = 6.5		60.00 - 140.00	
WHOLE BLOOD by HPLC (HIGH PERFON ESTIMATED AVERA by HPLC (HIGH PERFON INTERPRETATION: F Non dia At	EMOGLOBIN (HbA1c): RMANCE LIQUID CHROMATOGRAPHY) GE PLASMA GLUCOSE RMANCE LIQUID CHROMATOGRAPHY) AS PER AMERICAN DI REFERENCE GROUP abetic Adults >= 18 years t Risk (Prediabetes)	7.6 <sup>H</sup> 171.42 <sup>H</sup> ABETES ASSOCI	ATION (ADA): YCOSYLATED HEN 5.7 Age >	% mg/dL <u>MOGLOGIB (</u> <5.7 7 – 6.4	HBAIC) in 1	60.00 - 140.00	
WHOLE BLOOD by HPLC (HIGH PERFON ESTIMATED AVERA by HPLC (HIGH PERFON INTERPRETATION: NON dia At Di	EMOGLOBIN (HbA1c): RMANCE LIQUID CHROMATOGRAPHY) GE PLASMA GLUCOSE RMANCE LIQUID CHROMATOGRAPHY) AS PER AMERICAN DI REFERENCE GROUP abetic Adults >= 18 years t Risk (Prediabetes) iagnosing Diabetes	7.6 <sup>H</sup> 171.42 <sup>H</sup>	ATION (ADA): YCOSYLATED HEN 5.7 S.7 Age > of Therapy:	% mg/dL <u>AOGLOGIB (</u> <5.7 7 − 6.4 = 6.5	HBAIC) in 1	60.00 - 140.00	
WHOLE BLOOD by HPLC (HIGH PERFOR ESTIMATED AVERA by HPLC (HIGH PERFOR INTERPRETATION: NOT dia At Di	EMOGLOBIN (HbA1c): RMANCE LIQUID CHROMATOGRAPHY) GE PLASMA GLUCOSE RMANCE LIQUID CHROMATOGRAPHY) AS PER AMERICAN DI REFERENCE GROUP abetic Adults >= 18 years t Risk (Prediabetes)	7.6 <sup>H</sup> 171.42 <sup>H</sup>	ATION (ADA): YCOSYLATED HEN S.7 S.7 Age > of Therapy: s Suggested:	% mg/dL <u>AOGLOGIB (</u> <5.7 7 − 6.4 = 6.5	HBAIC) in 1	60.00 - 140.00	

3. Larget goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. I patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targetting a goal of < 7.0% may not be appropriate.

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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