



Name	Mr. GURDEV SINGH	Patient ID	75199
Age / Gender	60 YRS/MALE	Lab ID	071610140010
Collection Mode		Registration Date	14/Oct/2016 03:50 PM
Collected By	DEEPAK	Collection Date	14/Oct/2016 04:59PM
Ref. Dr.	CITY LAB (ROPAR)	Reporting Date	14/Oct/2016 06:01PM

Test Name	Value	Unit	Reference Range
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HAEMATOLOGY

GLYCOSYLATED HAEMOGLOBIN (HbA1C)

GLYCOSYLATED HAEMOGLOBIN (HbA1c) **8.09^H** % 4.0 - 6.0

by NEPHLOMETRY

ESTIMATED AVERAGE PLASMA GLUCOSE **185.48^H** mg/dL 65 - 136

by NEPHLOMETRY

INTERPRETATION:

IN ACCORDANCE TO AMERICAN DIABETES ASSOCIATION (ADA):

Category	Unit	Reference Range
METABOLICALLY NORMAL PATIENTS:	%	4.0 - 6.0
GOOD CONTROL:	%	< 7.0
FAIR CONTROL:	%	7.0 - 8.0
POOR CONTROL:	%	> 8.0

NOTE:-

- Glycosylated hemoglobin (HbA1c) test is done to assess compliance with therapeutic regimen in diabetic patients.
- A three monthly monitoring is recommended in clinical management of diabetes.
- It is not affected by daily glucose fluctuations, exercise and recent food intake.
- The HbA1c is linearly related to the average blood sugar over the past 1-3 months (but is heavily weighted to the past 2-4 weeks).
- The HbA1c is strongly associated with risk of development and progression of microvascular and nerve complications.
- HbA1c (>9.0-9.5%) is associated with very rapid progression of microvascular complications.
- Any condition that shortens RBC life span like acute blood loss, hemolytic anemia falsely lowers HbA1c results.
- 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 glycemic control.
- Specimens from patients with polycythemia or post-splenectomy may exhibit an increase in HbA1c values due to a somewhat longer life span of the red cells.

*** End Of Report ***