LPL - PRODUCTION TEST COLLECTION CENTRE
SECTOR - 18, BLOCK-E ROHINI
DELHI 110085

Name	:	**DUMMY**			**Collected**	: **4/6/2021 11:18:00AM**
					Received	: **4/6/2021 11:21:06AM**
Lab No.	: **DUMMYZ312**	**Age: 25 Years**	**Gender:**	**Male**	**Reported**	: **5/6/2021 7:19:41PM**
A/c Status	: **P**	**Ref By :**	**DR. DUMMY DUMMY**		**Report Status**	: **Final**

Test Name	Results	Units	Bio. Ref. Interval
DIABETES PANEL BASIC			
(Hexokinase,HPLC, NGSP certified)			
Glucose, Fasting	**<50.00**	mg/dL	70.00 - 100.00
HbA1c	5.6	%	4.00 - 5.60
Estimated average glucose (eAG)	114	mg/dL	

Interpretation

HbA1c result is suggestive of non diabetic adults (>=18 years)/ well controlled Diabetes in a known Diabetic

Interpretation

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---------------------------------------------------------------------
|            As per American Diabetes Association (ADA)              |
|-------------------------------------------------------------------|
| Reference Group           | HbA1c in %                            |
|-------------------------------------------------------------------|
| Non diabetic adults >=18 years| 4.0 - 5.6                         |
|-------------------------------------------------------------------|
| At risk (Prediabetes)     | 5.7 - 6.4                             |
|-------------------------------------------------------------------|
| Diagnosing Diabetes       | >= 6.5                                |
|-------------------------------------------------------------------|
| Therapeutic goals for glycemic| . Goal of therapy: < 7.0          |
| control                   | . Action suggested: > 8.0             |
---------------------------------------------------------------------
```

Note

1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled

2. 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, targeting a goal of < 7.0 % may not be appropriate

3. Any condition that shortens erythrocyte survival such as sickle cell disease, pregnancy (second and third trimesters), hemodialysis, recent blood loss or transfusion, or erythropoietin will falsely lower HbA1c results regardless of the assay method

4. In patients with HbA1c level between 7-8%, Glycemark (1,5 Anhydroglucitol) test may be done to identify those with more frequent and extreme hyperglycemic excursions
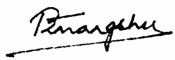
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Test Name	Results	Units	Bio. Ref. Interval
Comments			

HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations. This single test can be used both for diagnosing & monitoring diabetes. ADA recommends measurement of HbA1c 3-4 times per year in Type 1 diabetes and poorly controlled Type 2 diabetes patients. In well controlled Type 2 diabetes patients, the test can be performed twice a year.

Dr Himangshu Mazumdar
MD, Biochemistry
Senior Consultant - Clinical Chemistry
& Biochemical Genetics
NRL - Dr Lal PathLabs Ltd

Dr.Kamal Modi
MD, Biochemistry
Consultant Biochemist
NRL - Dr Lal PathLabs Ltd

Dr Nimmi Kansal
MD, Biochemistry
National Head - Clinical Chemistry &
Biochemical Genetics
NRL - Dr Lal PathLabs Ltd

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