

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

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

Test Name	Results	Units	Bio. Ref. Interval
<b>DIABETES PANEL BASIC</b> (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 ( $\geq 18$  years)/ well controlled Diabetes in a known Diabetic

#### Interpretation

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



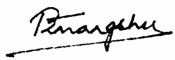
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#### Comments

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.



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-----End of report-----

#### IMPORTANT INSTRUCTIONS

\*Test results released pertain to the specimen submitted.\*All test results are dependent on the quality of the sample received by the Laboratory.  
\*Laboratory investigations are only a tool to facilitate in arriving at a diagnosis and should be clinically correlated by the Referring Physician.\*Sample repeats are accepted on request of Referring Physician within 7 days post reporting.\*Report delivery may be delayed due to unforeseen circumstances. Inconvenience is regretted.\*Certain tests may require further testing at additional cost for derivation of exact value. Kindly submit request within 72 hours post reporting.\*Test results may show interlaboratory variations.\*The Courts/Forum at Delhi shall have exclusive jurisdiction in all disputes/claims concerning the test(s) & or results of test(s).\*Test results are not valid for medico legal purposes. \*Contact customer care Tel No. +91-11-39885050 for all queries related to test results.  
(#) Sample drawn from outside source.

