





Patient Name Age/Gender : Ms.SARASWATHI

Age/Gender : 63 Y 0 M 0 D /F
UHID/MR No : DVAL.0000000465
Visit ID : DRMPOPV1863

Ref Doctor

: DR.SARAVANAN P R

IP/OP NO

Collected : 07/Feb/2019 08:00AM Received : 07/Feb/2019 12:14PM Reported : 07/Feb/2019 01:24PM

Status : Final Report

Client Name : PCC RAMAPURAM CHENNAL Patient location : Ramapuram, Chennai

DEPARTMENT OF HAEMATOLOGY						
Test Name	Result	Unit	Bio. Ref. Range	Method		
HAEMOGLOBIN , WHOLE BLOOD-EDTA	11.6	g/dL	12-15	Spectrophotometer		



SIN No:HA00561401 This test has been performed at Apollo Health and Lifestyle Ltd/Reference Regional Lab, Chennai Page 1 of 5







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Test Name

IP/OP NO

Collected : 07/Feb/2019 08:00AM Received : 07/Feb/2019 12:17PM Reported : 07/Feb/2019 04:27PM

Status : Final Report

Client Name : PCC RAMAPURAM CHENNAI Patient location : Ramapuram, Chennai

	DEPARTMENT OF	BIOCHEMISTI	RY		١
	Result	Unit	Bio. Ref. Range	Method	1
OLE	6.3	%		HPLC	

HBA1C, GLYCATED HEMOGLOBIN , WHOLE BLOOD-EDTA	6.3	%	HPLC
ESTIMATED AVERAGE GLUCOSE (eAG) , WHOLE BLOOD-EDTA	134	mg/dL	Calculated

Comment:

Reference Range as per American Diabetes Association (ADA):

REFERENCE GROUP	HBA1C IN %
NON DIABETIC ADULTS >18 YEARS	<5.7
AT RISK (PREDIABETES)	5.7 - 6.4
DIAGNOSING DIABETES	>= 6.5
DIABETICS	
· EXCELLENT CONTROL	6 – 7
· FAIR TO GOOD CONTROL	7 - 8
· UNSATISFACTORY CONTROL	8 – 10
· POOR CONTROL	>10

Note: Dietary preparation or fasting is not required.

- 1. A1C test should be performed at least two times a year in patients who are meeting treatment goals (and who have stable glycemic control).
- 2. Lowering A1C to below or around 7% has been shown to reduce microvascular and neuropathic complications of type 1 and type 2 diabetes. When mean annual HbA1c is <1.1 times ULN (upper limit of normal), renal and retinal complications are rare, but complications occur in >70% of cases when HbA1c is >1.7 times ULN.
- 3. Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present. Fructosamine may be used as an alternate measurement of glycemic control

Regd. Office: 19 Bishop Gardens, R A Puram, Chennai 600 028, Tamil Nadu, India Email ID: info@apollohl.com





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: 63 Y O M O D /F : DVAL.000000465 : DRMPOPV1863

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: DR.SARAVANAN P R

Collected Received

Reported

: 07/Feb/2019 08:00AM : 07/Feb/2019 12:05PM : 07/Feb/2019 01:14PM

Status : Final Report

Client Name : PCC RAMAPURAM CHENNAI Patient location : Ramapuram, Chennai

DEPARTMENT OF BIOCHEMISTRY						
Test Name Result Unit Bio. Ref. Range Method						
UREA , SERUM	34.20	mg/dL	19-43	Urease		









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Collected : 07/Feb/2019 08:00AM Received : 07/Feb/2019 12:05PM Reported : 07/Feb/2019 01:14PM

Status : Final Report

Client Name : PCC RAMAPURAM CHENNAI Patient location : Ramapuram, Chennai

DEPARTMENT OF BIOCHEMISTRY						
Test Name	Result	Unit	Bio. Ref. Range	Method		
CREATININE , SERUM	0.94	mg/dL	0.55-1.02	Modified Jaffe's		





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Visit ID : DRMPOPV1863

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IP/OP NO

Collected : 07/Feb/2019 08:00AM Received : 07/Feb/2019 12:32PM Reported : 07/Feb/2019 01:28PM

Status : Final Report

Client Name : PCC RAMAPURAM CHENNAI Patient location : Ramapuram, Chennai

	DFPARTI	MFNT	OF	CLINICAL	PATHOLOGY
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Test Name	Result	Unit	Bio. Ref. Range	Method

COMPLETE URINE EXAMINATION	, URINE			
PHYSICAL EXAMINATION				
COLOUR	YELLOW		PALE YELLOW	Visual
TRANSPARENCY	CLOUDY		CLEAR	Visual
рН	7.5		5-7.5	Dipstick
SP. GRAVITY	1.015		1.002-1.030	Dipstick
BIOCHEMICAL EXAMINATION				
URINE PROTEIN	NEGATIVE		NEGATIVE	Dipstick/Heat test
GLUCOSE	NEGATIVE	(ASS	NEGATIVE	Dipstick/Benedicts Test
URINE BILIRUBIN	NEGATIVE		NEGATIVE	Dipstick/Fouchet Test
URINE KETONES (RANDOM)	NEGATIVE	V ₂	NEGATIVE	Dipstick/Rotheras Test
UROBILINOGEN	NORMAL		NORMAL	Dipstick/Ehrlichs Test
BLOOD	NEGATIVE		NEGATIVE	Dipstick
NITRITE	NEGATIVE		NEGATIVE	Dipstick
LEUCOCYTE ESTERASE	POSITIVE		NEGATIVE	Dipstick
CENTRIFUGED SEDIMENT WET MOU	JNT AND MICROSCOPY			
PUS CELLS	10-12	/hpf	0-5	
EPITHELIAL CELLS	2-4	/hpf	<10	
RBC	NIL	/hpf	ABSENT	
CASTS	ABSENT		ABSENT	
CRYSTALS	ABSENT		ABSENT	

*** End Of Report ***

DR. MARQUESS RAJ M.D (PATH), D.N.B (PATH) Consultant Pathologist

DR. R.SRIVATSAN M.D.(Biochemistry)



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