

Name: Mrs RATHNA GABRIAL





LABORATORY REPORT - FINAL

Gender : Female Lab ID : 50636000175

: 79 Years Mob. No. : Pt. ID Age

: EMAMI FRANK ROSS LIMITED Pt. Loc: B₂B Ref. By

Report Date and Time : 03-Jun-2025 11:41 **Reg Date and Time** : 03-Jun-2025 08:37 Ref Id1 :

Sample Received at : KA-Kasturinagar Ref Id2 :

Sample Collected at :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE REMARKS
Plasma Glucose - F HEXOKINASE/G-6-PDH	102	mg/dL	= 100 mg/dl: Normal<br 100 - 125 mg/dl: Prediabetes >/= 126 mg/dl: Diabetes. (By the ADA Recommendation - Jan 2012)
Plasma Fluoride F	Coll. Time:03-Jun-2025 08:45		
Potassium	4.57	mEq/L	3.5 - 5.1
ISE, Indirect			
Serum	Coll. Time:03-Jun-2025 08:45		

Approved By: DR Prajwal A Released by: Neuberg Anand Reference Laboratory

Note: (LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal,HC- High Critical,LC-Low Critical,C-Critical)

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DR Prajwal A

HOD Biochemistry DLH 2018 0000588 KTK

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Name: Mrs RATHNA GABRIAL





LABORATORY REPORT - FINAL

Age : 79 Years Mob. No. : Pt. ID :

B2B : EMAMI FRANK ROSS LIMITED Ref. By : Pt. Loc :

Reg Date and Time : 03-Jun-2025 08:37 Report Date and Time : 03-Jun-2025 13:11 Ref Id1 : Sample Received at : KA-Kasturinagar Ref Id2 :

Sample Collected at :

TEST RESULTS UNIT BIOLOGICAL REF RANGE REMARKS

Glycated Haemoglobin Estimation

 HbA1C
 H
 7.1
 </= 5.6 % - NORMAL</td>

 Capillary Electrophoresis
 5.7 - 6.4 %

5.7 - 6.4 % -PREDIABETES

>/= 6.5 % - DIABETES

(By the ADA

Recommendation - Jan

2012)

Estimated Avg Glucose (3 Mths) 157.07 mg/dL Not available

Calculated

Please Note change in reference range as per ADA 2021 guidelines.

Interpretation:

HbA1C level reflects the mean glucose concentration over previous 8-12 weeks and provides better indication of long term glycemic control.

Levels of HbA1C may be low as result of shortened RBC life span in case of hemolytic anemia.

Increased HbA1C values may be found in patients with polycythemia or post splenectomy patients.

 $Patients\ with\ Homozygous\ forms\ of\ rare\ variant\ Hb(CC,SS,EE,SC)\ HbA1c\ can\ not\ be\ quantitated\ as\ there\ is\ no\ HbA.$

In such circumstances glycemic control can be monitored using plasma glucose levels or serum Fructosamine.

The A1c target should be individualized based on numerous factors, such as age, life expectancy, comorbid conditions, duration of diabetes, risk of hypoglycemia or adverse consequences from hypoglycemia, patient motivation and adherence.

Approved By: Dr Pradeep Kumar V

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal,HC- High Critical,LC-Low Critical,C-Critical)

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Dr Pradeep Kumar V

Pathologist KMC NO. - 97304

V.

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LABORATORY REPORT - FINAL

Gender : Female Lab ID : 50636000175

Name: Mrs RATHNA GABRIAL : 79 Years Mob. No. : Pt. ID Age

: EMAMI FRANK ROSS LIMITED Pt. Loc: B₂B Ref. By

Report Date and Time : 03-Jun-2025 12:07 **Reg Date and Time** : 03-Jun-2025 08:37 Ref Id1:

Sample Received at : KA-Kasturinagar Ref Id2 :

Sample Collected at :

TEST	RESULTS	UNIT	BIOLOGICAL REF RANGE REMARKS		
TSH	5.25	μIU/mL	0.5 - 8.9		
CMIA					
Serum Coll. Time:03-J	un-2025 08:45				
Approved By: DR Prajwal A Released by: Neuberg Anand Reference Laboratory					

----- End Of Report -----

For test performed on specimens received or collected from non-NARL locations, it is presumed that the specimen belongs to the patient named or identified as labeled on the container/test request and such verification has been carried out at the point generation of the said specimen by the sender. NARL will be responsible Only for the analytical part of test carried out. All other responsibility will be of referring Laboratory.

Note:(LL-VeryLow,L-Low,H-High,HH-VeryHigh,A-Abnormal,HC- High Critical,LC-Low Critical,C-Critical)

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