Ms. ASAGARE REBECCA

PID NO: P36180009052

Age**:** 48 Year(s)   Sex: Female

Reference:

Sample Collected At:
GILEAD MEDICAL & DENTAL CENTER
HOUSE NO BALB NO C896/3,KANDA
HIGHWAY NORTH RIDGE,ACCRA-
14911.
014911

VID: 36180109406

Registered On:
19/07/2018 05:33 PM

Collected On:
19/07/2018

Reported On:
19/07/2018 11:01 PM

HbA1C- Glycated Haemoglobin, blood by IronExchange
(EDTA Blood,Turbidimetric Immunoassay)

Investigation	Observed Value	Unit	Biological Reference Interval
HbA1C- Glycated Haemoglobin	**5.8**	%	Non-diabetic: <= 5.6 Pre-diabetic: 5.7-6.4 Diabetic: >= 6.5
Estimated Average Glucose (eAG)	6.63	mmol/L	

Interpretation & Remark:

1. HbA1c is used for monitoring diabetic control. It reflects the estimated average glucose (eAG).
2. HbA1c has been endorsed by clinical groups & ADA (American Diabetes Association) guidelines 2017, for diagnosis of diabetes using a cut-off point of 6.5%.
3. Trends in HbA1c are a better indicator of diabetic control than a solitary test.
4. Low glycated haemoglobin(below 4%) in a non-diabetic individual are often associated with systemic inflammatory diseases, chronic anaemia(especially severe iron deficiency & haemolytic), chronic renal failure and liver diseases. Clinical correlation suggested.
5. To estimate the eAG from the HbA1C value, the following equation is used: $eAG(mg/dl) = 28.7*A1c - 46.7$
6. Interference of Haemoglobinopathies in HbA1c estimation.
A. For HbF > 25%, an alternate platform (Fructosamine) is recommended for testing of HbA1c.
B. Homozygous hemoglobinopathy is detected, fructosamine is recommended for monitoring diabetic status
C. Heterozygous state detected (D10/ turbo is corrected for HbS and HbC trait).

7. In known diabetic patients, following values can be considered as a tool for monitoring the glycemic control. Excellent Control - 6 to 7 %, Fair to Good Control - 7 to 8 %, Unsatisfactory Control - 8 to 10 % and Poor Control - More than 10 % .

Note : Hemoglobin electrophoresis (HPLC method) is recommended for detecting hemoglobinopathy.

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Bsc.Biomedical Scientists

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Investigation	Observed Value	Unit	Biological Reference Interval
D-DIMER Quantitative	0.43	ug/ml	0.0-0.5
(Citrated plasma)			

Test done on Fully Automated Coagulometer (Immuno Turbidiometry)

Interpretation :

1. D-dimer is a fibrin degradation product, a small protein fragment present in the blood after a blood clot is degraded by fibrinolysis. The product increases in conditions inducing inappropriate fibrinolysis.
2. This assay can aid in the diagnosis of Deep Vein Thrombosis (DVT) & pulmonary embolism (PE). The test results should be correlated with Imaging studies (e.g. Colour Doppler). The negative predictive value (NPV) with a cut off of 0.5 µg/ml is 95 to 100% for DVT & PE.
3. Elevated D-dimer is seen in hypercoagulability, DVT (Deep Vein Thrombosis, DIC (Disseminated Intravascular Coagulation), recent surgery, trauma or infection.

Limitations:
1. **False Negative:** Anticoagulant therapy
2. **False Positive:** Elderly,Liver disease,Pregnancy, Eclampsia,Heart disease,Rheumatoid arthritis, Some cancers, High triglycerides,Hemolysis, Lipemia, Hyperbilirubinemia

Note :
Conversion factor for 1FEU µg/mL = 1000FEU ng/mL

Troponin-I	<1.5	ng/L	< 11
(Serum,ELFA)			Please note changes in Reference range , Unit and Method

Interpretation :

- The current high-sensitivity troponin (hsTn) assay can detect low levels upto 0.003 μg/L (3 ng/L). (Following are the conversion factors- Concentration in pg/ml x 0.001= µg/L, Concentration in pg/ml x1.0 =ng/L)
- Reporting in many decimal point placements causes confusion and potentially can lead to misinterpretations, hence it has been recommended (IFCC2014) that the results are expressed in whole numbers by using ng/L as the unit of measurement.
- The high tissue specificity of cTnI measurements is beneficial for identifying cardiac injury in clinical conditions involving skeletal muscle injury resulting from surgery, trauma, extensive exercise, or muscular disease.
- Highly sensitive troponin (cTn) assay allows earlier detection of acute Myocardial Infarction (MI), with shortening of time window for serial measurement to 3 hours. Serial sampling to detect the temporal rise and fall of cTnI levels is recommended for the differentiation of acute cardiac events from chronic cardiac disease. STAT High Sensitive Troponin-I results should be used in conjunction with other information such as ECG, clinical observations, and symptoms, etc.
- Elevated troponin levels may be indicative of myocardial injury associated with heart failure, myocarditis, arrhythmias & other causes like chronic renal disease, pulmonary embolism.

Reference: hs Troponin I IFCC November 2014.

-- End of Report --

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