


Final Report

Patient Name	MRS. LALITA RAVINDRA LOKHANDE	UHID	MGM16035596
Age / Gender	68 Yrs 2 Mth / FEMALE	Patient Case Type	IPD
Ref. Consultant	DR.K. RAJMOHAN	Collection Date & Time	03-10-2024 13:15
Sample ID	MGM24147522	Result Entry Date & Time	03-10-2024 19:39
Ward/Bed No	Single A/C Unit- 8th Floor / 806	Reporting Date & Time	04-10-2024 10:24:26
IP No.	MGMIP2406662	Receipt Number	MGMWPR240088350
			

BIOCHEMISTRY REPORT

Test	Result	Unit	Biological Reference Interval
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Sample Type: EDTA Whole Blood.

HbA1c. [HPLC]	8.9	%	<5.7%
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Method : HPLC

Interpretation

For Initial Diagnosis:-

Result	HbA1c Value
Normal	<5.7%
Pre Diabetics	5.7% – 6.4%
Diabetes	>= 6.5%

For pregnant women, HbA1c >6.5%, GTT need not be done and the diagnosis is given as diabetic.
Fructosamine assay is recommended for monitoring diabetic status in case of detection of interferences due to Haemoglobinopathies in HbA1c estimation.

For known Diabetics:-

Good Control	<7.0%
Fair Control	7.0% – 8.0%
Poor Control	>8.0%


- *Trends in HbA1c are a better indicator of diabetic control than a solitary test.
- *To estimate the eAG from the HbA1c value, the following equation is used : $eAG(mg/dl)=28.7*A1c-46.7$
- *GHb concentration represents the blood glucose values for the preceding 2-3 months.
- *Falsely low HbA1c values may be seen in patients with hemolytic diseases and recent significant blood loss.
- *Falsely high values may occur in Iron Deficiency anemia.

Reference:-

- 1.ADA (American Diabetes Association) Guidelines.
- 2.ACOG (American College of Obstetricians and Gynecologists) Guidelines.

End of the Report




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