

LPL - LPL-ROHINI (NATIONAL REFERENCE LAB)
SECTOR - 18, BLOCK - E ROHINI
DELHI 110085



Name	: THREE DUMMY	Collected	: 10/7/2019 3:07:00PM
Lab No.	: 148712410	Received	: 10/7/2019 3:08:19PM
Age: 25 Years	Gender: Male	Reported	: 10/7/2019 3:44:01PM
A/c Status : P	Ref By : Dr. UNKNWON	Report Status	: Final

Test Name	Results	Units	Bio. Ref. Interval
SUGAR CHECK			
HbA1c (GLYCOSYLATED HEMOGLOBIN), BLOOD (HPLC, NGSP certified)			
HbA1c	5.2	%	
Estimated average glucose (eAG)	103	mg/dL	

Interpretation

As per American Diabetes Association (ADA)	
Reference Group	HbA1c in %
Non diabetic adults ≥ 18 years	4.0 - 5.6
At risk (Prediabetes)	5.7 - 6.4
Diagnosing Diabetes	≥ 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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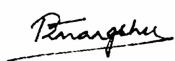
Test Name	Results	Units	Bio. Ref. Interval
GLUCOSE, FASTING (F), PLASMA (Hexokinase)	80.00	mg/dL	70.00 - 100.00
GLUCOSE, POST PRANDIAL (PP), 2 HOURS, PLASMA (Hexokinase)	110.00	mg/dL	70.00 - 140.00

Note

1. The diagnosis of Diabetes requires a fasting plasma glucose of ≥ 126 mg/dL and/or a random / 2 hr post glucose value of ≥ 200 mg/dL on at least 2 occasions
2. Very low glucose levels cause severe CNS dysfunction
3. Very high glucose levels (>450 mg/dL in adults) may result in Diabetic Ketoacidosis & is considered critical

Interpretation

Status	Fasting plasma glucose in mg/dL	PP plasma glucose in mg/dL
Normal	70-100	70-140
Impaired fasting glucose	101-125	70-140
Impaired glucose tolerance	70-100	141-199
Pre-Diabetes	101-125	141-199
Diabetes mellitus	>126	>200



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



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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.			

