



PATIENT'S NAME (Last, First Middle Name)				DATE/TIME OF EXAM
RIVERA, Roel Pagdingalan				Sep-18-2023 10:21 AM
PIN	BIRTHDATE	AGE/GENDER	ROOM/BED	REQUESTING PHYSICIAN
1310163268	Dec-02-1986	36Y/M	OPD	

**Specimen No.:** 3010086178

**Specimen:** BLOOD

TEST	RESULT	UNIT	REFERENCE INTERVAL
Glycohemoglobin	5.6	%	

**Remarks:** Based on ADA 2015 Standards of Medical Care in Diabetes

Reference Range  
<5.7 - Normal  
5.7-6.4 - Prediabetes  
>= 6.5 - Diabetes Mellitus

\*In the absence of unequivocal hyperglycemia, results should be confirmed by repeat testing

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This result is best interpreted by your attending physician in correlation with your clinical data, imaging and other laboratory results.  
This report has been electronically validated. No signature is required.

OR/CI # 0057202309008008	PRINT DATE/TIME: 09 18 2023 10:55 AM
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