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Sample Collected At : C000000808-QUALITY CHECK

Bhopal
Madhya Pradesh, INDIA

Name	: DUMMY	Age/Gender	: 25 Years/MALE
Reg No	: 0001EA021800	Barcode No	: E1100001131
Sample Coll Dt	: 31-01-2026 10:09 AM	Reg Date	: 31-01-2026 01:50 PM
Sample Rcv Dt	: 31-01-2026 01:50 PM	Reported Date	: 31-01-2026 02:51 PM
Report Status	: Final	Referred By	: SELF

Tests	Results	Biological Ref Range	Units	Method
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HEMATOLOGY

HbA1C (GLYCOSYLATED HEMOGLOBIN), WHOLE BLOOD

HbA1C	5.2	4.0 - 6.4	%	HPLC
ESTIMATED AVERAGE GLUCOSE	102.54	70 - 140	mg/dL	CALCULATED
Specimen:				
EDTA WHOLE BLOOD				

Interpretation:

As per American Diabetes Association (ADA) Guidelines

Below 5.7% : Normal
5.7% - 6.4% : Prediabetic
>=6.5% : Diabetic

NOTE:

1. Glycosylated hemoglobin (HbA1c) test is done to assess compliance with therapeutic regimen in diabetic patients.
2. A three monthly monitoring is recommended in clinical management of diabetes.
3. It is not affected by daily glucose fluctuations, exercise and recent food intake.
4. The HbA1c is linearly related to the average blood sugar over the past 1-3 months (but is heavily weighted to the past 2-4 weeks).
5. The HbA1c is strongly associated with the risk of development and progression of microvascular and nerve complications
6. High HbA1c (>9.0-9.5%) is associated with very rapid progression of microvascular complications
7. Any condition that shorten RBC life span like acute blood loss, hemolytic anemia falsely lower HbA1c results.
8. HbA1c results from patients with HbSS, HbCC, HbSC and HbD must be interpreted with caution, given the pathological processes including anemia, increased red cell turnover, and transfusion requirements that adversely impact HbA1c as a marker of long -term glycemic control.
9. Specimens from patients with polycythemia or post-splenectomy may exhibit increase in HbA1c values due to a somewhat longer life span of the red cells.
10. The relationship between eAG (Mean Plasma Glucose) and HbA1c based on linear regression analysis :eAG(mg/dl)= (28.7*HbA1c)-46.7, (Diabetes Care 2008;31:1-6).

** End Of Report**
This report is not subject to use for any medico-legal purposes

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