ADVANCE DIAGNOSTICS CENTRE
C1-C2/17A, NEAR NIHARIKA TALKIES
KORBA- 495677
PH-09228333 MOBILE-9300888178

NAME	: MR SADAB MALLICK	43	Years / Male	Reg No.	: 12443
Ref. By	: SELF			Reg. Date	: 30/05/2022 09:06AM
Address	: AMAN NAGAR DARRI, KORBA			Collected At	: MedZone Center

INVESTIGATION REPORT

CLINICAL BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REF RANGE	TEST METHOD
Glycosylated Hemoglobin (GHb/HBA1c)				
Sample Type	: WB - EDTA			
Glycosylated Hemoglobin (GHb/HBA1c)	: 6.0	%	4.8 - 6.0 : Non Diabetic 6.0 - 7.0 : Good Control 7.0 - 8.0 : Weak Control More than 8 : Poor Control	Biorad D10 HPLC

Glycosylated hemoglobin (*hemoglobin A1c, HbA1c, A1C*, or *Hb1c*; sometimes also *HbA1c*) is a form of hemoglobin used primarily to identify the average plasma glucose concentration over prolonged periods of time. It is formed in a non-enzymatic pathway by hemoglobin's normal exposure to high plasma levels of glucose. Glycation of hemoglobin has been associated with cardiovascular disease, nephropathy and retinopathy in diabetes mellitus. Monitoring the HbA 1c in type-1 diabetic patients may improve treatment. HbA1c is a weighted average of blood glucose levels during the preceding 120 days, which is the average life span of red blood cells. A large change in mean blood glucose can increase HbA 1c levels within 1-2 weeks. Sudden changes in HbA1c may occur because recent changes in blood glucose levels contribute relatively more to the final HbA1c levels than earlier events. For instance, mean blood glucose levels in the 30 days immediately preceding blood sampling contribute 50% to the HbA1c level, whereas glucose levels in the preceding 90-120 day period contribute only 10%. Thus, it does not take 120 days to detect a clinically meaningful change in HbA1c following a significant change in mean plasma glucose level.

METHOD: Ion Exchange Chromatography High performance liquid chromatography(HPLC)

INSTRUMENT: D -10 Bio-Rad Laboratories;FRANCE

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INVESTIGATION REPORT

CLINICAL BIOCHEMISTRY

TEST	RESULT	UNIT	BIOLOGICAL REF RANGE	TEST METHOD
Lipid Profile				
Sample Type	: SERUM			
Cholesterol Total	: 179.8	mg/dl	Desirable : < 200 Moderate Risk : 200 - 239 High Risk : > 240	CHOD-PAP
Cholesterol HDL	: **45.1**	mg/dl	Desirable : > 37 Moderate Risk : 25 - 37 High Risk : < 12 - 18	Direct Clearance
Cholesterol LDL	: 93.48	mg/dl	Desirable : < 130 Moderate Risk : 130 - 159 High Risk : > 160	Direct Clearance
Cholesterol VLDL	: **41.22**	mg/dl	6 - 40	
Triglycerides	: 206.1	mg/dl	< 160 : Normal 160 – 400 : Slightly Elevated 400 – 600 : Elevated > 600 : Highly Elevated	GPO
T.Chol / HDL Chol Ratio	: 3.99		2.9 - 5.1	
LDL / HDL Ratio	: 2.07		1.7 - 3.5	

NOTE : Lipid Profile RANGES AS PER NCEP-ATP III are:

Serum cholesterol (Total) :
Desirable : < 200 mg/dl, Borderline : 200 - 239 mg/dl, Elevated : >/= 240 mg/dl
Serum high density lipoprotein cholesterol(HDL) :
Desirable : > 60 mg/dl, Borderline : 40- 60 mg/dll, Elevated : 40 mg/dl
Total cholesterol : HDL cholesterol ratio :
Low risk : 3.3-4.4, Average risk : 4.4-7.1, Moderate risk : 7.1-11.0, High risk : >11.0
Serum low density lipoprotein (LDL) cholesterol :
Desirable : 100 mg/dl, Borderline : 100- 159 mg/dll, Elevated : >/= 160 mg/dl
Triglycerides :
Desirable : 150 mg/dl, Borderline : 150- 199 mg/dll, High : 200 - 499 mg/dl, Very High : >/= 500 mg/dl
HDL measurement done by Direct HDL clearance method (CDC approved).
As per the Friedwald Equation, VLDL & LDL values are not applicable for triglyceride values above 400 mg/dl.

--- End Of Report ---

Sample Registered On : 30/05/2022 09:06AM
Sample Received On : 30/05/2022 02:23PM
Report Released On : 30/05/2022 04:15PM
Sample Barcode :

Home Collection

Checked By:NAREN

Dr. VANDANA CHANDANI