

Patient Name	: Mr.Dummy	Collected	: 08/Jul/2026 10:27AM
Age/Gender	: 34 Y 0 M 0 D /F	Received	: 08/Jul/2026 10:28AM
UHID/MR No	: Dummy.0000000	Reported	: 08/Jul/2026 10:52AM
Visit ID	: Dummy101	Status	: Final Report
Ref Doctor	: Dr.SELF	Client Name	: NRL HYDERABAD LAB
IP/OP NO	:	Patient location	: Dummy Location

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Unit	Bio. Ref. Interval	Method
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HbA1C (GLYCATED HEMOGLOBIN) , WHOLE BLOOD EDTA				
HbA1C, GLYCATED HEMOGLOBIN	5.8	%		HPLC
ESTIMATED AVERAGE GLUCOSE (eAG)	120	mg/dL		Calculated

Comment:

Reference Range as per American Diabetes Association (ADA) 2023 Guidelines:

Reference Group	HbA1c (%)	HbA1c (mmol/mol)
Non-Diabetic	<5.7	<38.8
Prediabetes	5.7 – 6.4	38.8 – 46.5
Diabetes	≥ 6.5	≥47.5
Diabetics		
Excellent control	6 – 7	42.1 – 53.0
Fair to good control	7 – 8	53.0 – 63.9
Unsatisfactory control	8 – 10	63.9 – 85.8
Poor control	>10	>85.8

Note: HbA1c IFCC (mmol/mol) = (10.93 x HbA1c NGSP (%)) – 23.50

- HbA1C is recommended by American Diabetes Association for Diagnosing Diabetes and monitoring Glycemic Control by American Diabetes Association guidelines 2023.
- Trends in HbA1c values is a better indicator of Glycemic control than a single test.
- Low HbA1c in Non-Diabetic patients are associated with Anemia (Iron Deficiency/Hemolytic), Liver Disorders, Chronic Kidney Disease. Clinical Correlation is advised in interpretation of low Values.
- Falsely low HbA1c (below 4%) may be observed in patients with clinical conditions that shorten erythrocyte life span or decrease mean erythrocyte age. HbA1c may not accurately reflect glycemic control when clinical conditions that affect erythrocyte survival are present.
- In cases of Interference from Haemoglobin variants (HbF >25%, Homozygous Hemoglobinopathies) in HbA1C testing, alternative methods (Fructosamine) estimation is recommended for Glycemic Control. Abnormal Haemoglobin studies (HPLC/Electrophoresis) is recommended for detection of Hemoglobinopathies.

*** End Of Report ***