Lab No.	**:** SG2/08-03-2025/MR0439165	**Lab Add.**	**:** Sevoke Road,Siliguri 734001
Patient Name	: PRABHAT THAPA	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	**:** 41 Y 4 M 26 D	**Collection Date**	**:** 08/Mar/2025 09:09AM
Gender	**:** M	**Report Date**	**:** 08/Mar/2025 04:23PM

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
BILIRUBIN (DIRECT) , *GEL SERUM* (Method:DIAZOTIZATION)	**0.17**	< 0.2	mg/dL
SGPT/ALT (Method:UV WITH P5P)	**93**	16- 63	U/L
SODIUM,BLOOD (Method:ISE INDIRECT)	137	136 - 145	mEq/L
POTASSIUM,BLOOD (Method:ISE INDIRECT)	4.3	3.5 - 5.1	mEq/L
CHLORIDE,BLOOD (Method:ISE INDIRECT)	104	98 - 107	mEq/L
UREA,BLOOD (Method:UREASE-COLORIMETRIC)	32	12.8 - 42.8	mg/dl
CREATININE, BLOOD (Method: ALKALINE PICRATE)	1.06	0.7 - 1.3	mg/L
GLUCOSE,FASTING (Method:HEXOKINASE)	98	70 - 100	mg/dL
CALCIUM,BLOOD (Method:OCPC)	9.08	8.6-10.0	mg/L
URIC ACID,BLOOD (Method:URICASE ,COLORICMETRIC)	6.77	3.5 - 7.2	mg/dL
GLUCOSE,PP (Method:Hexokinase Method)	85	75-140	mg/dl

NOTE : The lower value of BS(PP) compared to that of BS(F), may be interpreted having due to regard to the history of the case with particular reference to Diabetes, If any including the time and dose of antidiabetic drug administered, if any.

***THYROID PANEL (T3, T4, TSH) ,** *GEL SERUM*			
T3-TOTAL (TRI IODOTHYRONINE) (Method:CLIA)	1.02	0.60 - 1.81	ng/mL
T4-TOTAL (THYROXINE) (Method:CLIA)	7.2	4.5 - 10.9	microgram/dl
TSH (THYROID STIMULATING HORMONE) (Method:CLIA)	3.60	0.35 - 5.5	µIU/mL

BIOLOGICAL REFERENCE INTERVAL : *[ONLY FOR PREGNANT MOTHERS]*

Trimester specific TSH LEVELS during pregnancy:

FIRST TRIMESTER : 0.10 2.50 µ IU/mL
SECOND TRIMESTER :0.20 3.00 µ IU/mL
THIRD TRIMESTER :0.30 3.00 µ IU/mL

References :

1.*Indian Thyroid Society guidelines for management of thyroid dysfunction during pregnancy. Clinical Practice Guidelines, New Delhi: Elsevier; 2012.*

2.Stagnaro-Green A, Abalovich M, Alexander E, Azizi F, Mestman J, Negro R, et al. Guidelines of the American Thyroid Association for the Diagnosis and Management of Thyroid Disease During Pregnancy and Postpartum. Thyroid 2011;21:1081-25.

Lab No.	**:** SG2/08-03-2025/MR0439165	**Lab Add.**	**:** Sevoke Road,Siliguri 734001
Patient Name	: PRABHAT THAPA	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	**:** 41 Y 4 M 26 D	**Collection Date**	**:** 08/Mar/2025 09:09AM
Gender	**:** M	**Report Date**	**:** 08/Mar/2025 04:23PM

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit

3.Dave A, Maru L, Tripathi M. Importance of Universal screening for thyroid disorders in first trimester of pregnancy. Indian J Endocr Metab [serial online] 2014 [cited 2014 Sep 25];18:735-8. Available from: http://www.ijem.in/text.asp?2014/18/5/735/139221.

***TOTAL PROTEIN [BLOOD] ALB:GLO RATIO ,** .			
TOTAL PROTEIN (Method:BIURET METHOD)	7.66	6.6 - 8.7	g/dL
ALBUMIN (Method:BCP)	4.2	3.4-5.0	g/dL
GLOBULIN (Method:Calculated)	**3.41**	1.8-3.2	g/dL
AG Ratio (Method:Calculated)	1.25	1.0 - 2.5	

***BILIRUBIN (TOTAL) ,** *GEL SERUM*			
BILIRUBIN (TOTAL) (Method:DIAZONIUM ION)	0.74	0.2 - 1.2	mg/dL

LIPID PROFILE , *GEL SERUM*			
CHOLESTEROL-TOTAL (Method:CHOLESTEROL OXIDASE, ESTERASE,PEROXIDASE)	157	Desirable: < 200, Borderline high: 200-239, High: > 240	mg/dL
TRIGLYCERIDES (Method:ENZYMATIC, END POINT)	87	NORMAL: < 150, BORDERLINE HIGH: 150-199, HIGH: 200-499, VERY HIGH: > 500	mg/dL
HDL CHOLESTEROL (Method:DIRECT MEASURE-PEG)	42	NO RISK : >60, MODERATE RISK : 40-60, HIGH RISK : <40	mg/dL
LDL CHOLESTEROL DIRECT (Method:DIRECT MEASURE)	99	Optimal : <100, Above optimal : 100-129, Borderline High : 130-159, High : 160-189, Very High : >=190	mg/dL
VLDL (Method:Calculated)	16	< 40	mg/dL
CHOL HDL Ratio (Method:Calculated)	3.7	LOW RISK 3.3-4.4 AVERAGE RISK 4.47-7.1 MODERATE RISK 7.1-11.0 HIGH RISK >11.0	
NON-HDL CHOLESTEROL (Method:Calculated)	114.81	< 130	mg/dL

PHOSPHORUS-INORGANIC,BLOOD (Method:UV PHOSPHOMOLYBDATE)	2.6	2.5 - 4.5	mg/dL

SGOT/AST (Method:UV WITH P5P)	**51**	15 - 37	U/L

***GLYCATED HAEMOGLOBIN (HBA1C) ,** *EDTA WHOLE BLOOD*			
GLYCATED HEMOGLOBIN (HBA1C)	5.4	***For biological reference interval, please refer to the below mentioned remarks ***	%
HbA1c (IFCC)	35		mmol/mol

Lab No.	**:** SG2/08-03-2025/MR0439165	**Lab Add.**	**:** Sevoke Road,Siliguri 734001
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Age	**:** 41 Y 4 M 26 D	**Collection Date**	**:** 08/Mar/2025 09:09AM
Gender	**:** M	**Report Date**	**:** 08/Mar/2025 04:23PM

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
(Method:HPLC)			

Clinical Information and Laboratory clinical interpretation on Biological Reference Interval:
Low risk / Normal / non-diabetic : <5.7% (NGSP) / < 39 mmol/mol (IFCC)
Pre-diabetes/High risk of Diabetes : 5.7%- 6.4% (NGSP) / 39 - < 48 mmol/mol (IFCC)
Diabetics-HbA1c level : >/= 6.5% (NGSP) / > 48 mmol/mol (IFCC)

Analyzer used : Bio-Rad D 10
Method : HPLC Cation Exchange

Recommendations for glycemic targets
Ø Patients should use self-monitoring of blood glucose (SMBG) and HbA1c levels to assess glycemic control.
Ø The timing and frequency of SMBG should be tailored based on patients' individual treatment, needs, and goals.
Ø Patients should undergo HbA1c testing at least twice a year if they are meeting treatment goals and have stable glycemic control.
Ø If a patient changes treatment plans or does not meet his or her glycemic goals, HbA1c testing should be done quarterly.
Ø For most adults who are not pregnant, HbA1c levels should be <7% to help reduce microvascular complications and macrovascular disease . Action suggested >8% as it indicates poor control.
Ø Some patients may benefit from HbA1c goals that are stringent.
Result alterations in the estimation has been established in many circumstances, such as after acute/ chronic blood loss, for example, after surgery, blood transfusions, hemolytic anemia, or high erythrocyte turnover; vitamin B12/ folate deficiency, presence of chronic renal or liver disease; after administration of high-dose vitamin E / C; or erythropoietin treatment.
Reference: Glycated hemoglobin monitoring BMJ 2006; 333;586-8

References:
1. Chamberlain JJ, Rhinehart AS, Shaefer CF, et al. Diagnosis and management of diabetes: synopsis of the 2016 American Diabetes Association Standards of Medical Care in Diabetes. Ann Intern Med. Published online 1 March 2016. doi:10.7326/M15-3016.
2. Mosca A, Goodall I, Hoshino T, Jeppsson JO, John WG, Little RR, Miedema K, Myers GL, Reinauer H, Sacks DB, Weykamp CW. International Federation of Clinical Chemistry and Laboratory Medicine, IFCC Scientific Division. Global standardization of glycated hemoglobin measurement: the position of the IFCC Working Group. Clin Chem Lab Med. 2007;45(8):1077-1080.

PDF Attached

ALKALINE PHOSPHATASE	79	46 - 116	U/L
(Method:P-NPP,AMP BUFFER)			

***** End Of Report *****

Dr. Ankush Chakraborty
MBBS, MD (Path), IFCAP
Consultant Pathologist
Reg. No. 65992 (WBMC)

MC-2743

CAP ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS

Lab No.	**:** SG2/08-03-2025/MR0439165	**Lab Add.**	**:** Newtown,Kolkata-700156
Patient Name	: PRABHAT THAPA	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	**:** 41 Y 4 M 26 D	**Collection Date**	**:** 08/Mar/2025 04:28PM
Gender	**:** M	**Report Date**	**:** 10/Mar/2025 12:16PM

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
URIC ACID, URINE, SPOT URINE			
URIC ACID, SPOT URINE (Method:Uricase/Peroxidase)	38	06-114 mg/dl	mg/dl

***** End Of Report *****

DR. ANANNYA GHOSH
MBBS, MD (Biochemistry)
Consultant Biochemist
Reg No. WBMC 73007

MC-2176

Lab No.	**:** SG2/08-03-2025/MR0439165	**Lab Add.**	**:** Sevoke Road,Siliguri 734001
Patient Name	: PRABHAT THAPA	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	**:** 41 Y 4 M 26 D	**Collection Date**	**:** 08/Mar/2025 09:08AM
Gender	**:** M	**Report Date**	**:** 08/Mar/2025 04:21PM

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Bio Ref. Interval	Unit
BLOOD GROUP ABO+RH [GEL METHOD] , *EDTA WHOLE BLOOD*			
ABO (Method:Column Agglutination)	A		
Rh (Method:Column Agglutination)	Positive		

Gel technology Dia Med ID Micro typing system is the latest technology in transfusion Medicine.
It gives more reproducible and standardized test results.
It more repaid, reliable, very sensitive and objective , and hence more consistent and comparable results are obtained.
Single used cards are individualised for every patient and results can be photographed / scanned and stored for future use.
Special instruments that are used only for this technology also reduce risk of any contamination.

Ref:- WHO technical manual on transfusion medicine-Second Edition 2003

(RESULTS ALSO VERIFIED BY : FORWARD AND REVERSE GROUPING (TUBE AND SLIDE METHOD)

Advantages:

- Column agglutination by gel card allows simultaneous forward and reverse grouping.
- Card is scanned and record is preserved for future reference.
- Allows identification of Bombay blood group.
- Daily quality controls are run allowing accurate monitoring.

Note: Historical records check not performed.

ESR (ERYTHROCYTE SEDIMENTATION RATE) , *EDTA WHOLE BLOOD*			
ESR (Method:Modified Westergren Method)	12	0.0 - 20	mm/hr
CBC WITH PLATELET (THROMBOCYTE) COUNT , *EDTA WHOLE BLOOD*			
HEMOGLOBIN (Method:SLS haemoglobin method)	13.9	13 - 17	g/dL
WBC (Method:Impedance)	4.6	4 - 10	x10^3/µL
RBC (Method:Impedance)	4.91	4.5 - 5.5	x10^6/µL
PLATELET (Method:Impedance/Microscopy)	225	150-450	x10^3/µL
DIFFERENTIAL COUNT			
NEUTROPHILS (Method:Flowcytometry/Microscopy)	63	40 - 80	%
LYMPHOCYTES (Method:Flowcytometry/Microscopy)	32	20 - 40	%
MONOCYTES (Method:Flowcytometry/Microscopy)	03	2 - 10	%
EOSINOPHILS (Method:Flowcytometry/Microscopy)	02	1 - 6	%
BASOPHILS (Method:Impedance/Microscopy)	00	0-0.9	%
CBC SUBGROUP			
HEMATOCRIT / PCV (Method:Calculated)	44.8	40 - 50	%
MCV	91.3	83 - 101	fL

MC-2176

Lab No.	**:** SG2/08-03-2025/MR0439165	**Lab Add.**	**:** Sevoke Road,Siliguri 734001
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Age	**:** 41 Y 4 M 26 D	**Collection Date**	**:** 08/Mar/2025 09:08AM
Gender	**:** M	**Report Date**	**:** 08/Mar/2025 04:21PM

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Bio Ref. Interval	Unit
(Method:Calculated)			
MCH	28.3	27 - 32	pg
(Method:Calculated)			
MCHC	**31**	31.5-34.5	g/dL
(Method:Calculated)			
RDW - RED CELL DISTRIBUTION WIDTH	**15.2**	11.6-14	%
(Method:Calculated)			
PDW-PLATELET DISTRIBUTION WIDTH	22.1	8.3 - 25	fL
(Method:Calculated)			
MPV-MEAN PLATELET VOLUME	11.9	7.5 - 11.5	fL
(Method:Calculated)			
RBC	Normocytic normochromic.		
WBC.	Normal in number & morphology.		
PLATELET	Adequate.		

***** End Of Report *****

Dr. Ankush Chakraborty
MBBS, MD (Path), IFCAP
Consultant Pathologist
Reg. No. 65992 (WBMC)

MC-2176

Lab No.	**:** SG2/08-03-2025/MR0439165	**Lab Add.**	**:** Sevoke Road,Siliguri 734001
Patient Name	: PRABHAT THAPA	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	**:** 41 Y 4 M 26 D	**Collection Date**	**:** 08/Mar/2025 10:58AM
Gender	**:** M	**Report Date**	**:** 08/Mar/2025 04:23PM

DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Bio Ref. Interval	Unit
URINE ROUTINE ALL, ALL , *URINE*			
PHYSICAL EXAMINATION			
COLOUR	PALE YELLOW		
APPEARANCE	SLIGHTLY HAZY		
CHEMICAL EXAMINATION			
pH (Method:Dipstick (triple indicator method))	8.0	4.6 - 8.0	
SPECIFIC GRAVITY (Method:Dipstick (ion concentration method))	1.015	1.005 - 1.030	
PROTEIN (Method:Dipstick (protein error of pH indicators)/Manual)	ABSENT	NOT DETECTED	
GLUCOSE (Method:Dipstick(glucose-oxidase-peroxidase method)/Manual)	ABSENT	NOT DETECTED	
KETONES (ACETOACETIC ACID, ACETONE) (Method:Dipstick (Legals test)/Manual)	ABSENT	NOT DETECTED	
BLOOD (Method:Dipstick (pseudoperoxidase reaction))	ABSENT	NOT DETECTED	
BILIRUBIN (Method:Dipstick (azo-diazo reaction)/Manual)	ABSENT	NEGATIVE	
UROBILINOGEN (Method:Dipstick (diazonium ion reaction)/Manual)	ABSENT	NEGATIVE	
NITRITE (Method:Dipstick (Griess test))	ABSENT	NEGATIVE	
LEUCOCYTE ESTERASE (Method:Dipstick (ester hydrolysis reaction))	ABSENT	NEGATIVE	
MICROSCOPIC EXAMINATION			
LEUKOCYTES (PUS CELLS) (Method:Microscopy)	1-2	0-5	/hpf
EPITHELIAL CELLS (Method:Microscopy)	0-1	0-5	/hpf
RED BLOOD CELLS (Method:Microscopy)	ABSENT	0-2	/hpf
CAST (Method:Microscopy)	ABSENT	NOT DETECTED	
CRYSTALS (Method:Microscopy)	ABSENT	NOT DETECTED	
BACTERIA (Method:Microscopy)	FEW	NOT DETECTED	
YEAST (Method:Microscopy)	ABSENT	NOT DETECTED	
OTHERS	ABSENT		

Note:

1. All urine samples are checked for adequacy and suitability before examination.
2. Analysis by urine analyzer of dipstick is based on reflectance photometry principle. Abnormal results of chemical examinations are confirmed by manual methods.
3. The first voided morning clean-catch midstream urine sample is the specimen of choice for chemical and microscopic analysis.
4. Negative nitrite test does not exclude urinary tract infections.
5. Trace proteinuria can be seen in many physiological conditions like exercise, pregnancy, prolonged recumbency etc.
6. False positive results for glucose, protein, nitrite, urobilinogen, bilirubin can occur due to use of certain drugs, therapeutic dyes, ascorbic acid, cleaning agents used in urine collection container.
7. Discrepancy between results of leukocyte esterase and blood obtained by chemical methods with corresponding pus cell and red blood cell count by

MC-2176

Lab No.	**:** SG2/08-03-2025/MR0439165	**Lab Add.**	**:** Sevoke Road,Siliguri 734001
Patient Name	: PRABHAT THAPA	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	**:** 41 Y 4 M 26 D	**Collection Date**	**:** 08/Mar/2025 10:58AM
Gender	**:** M	**Report Date**	**:** 08/Mar/2025 04:23PM

DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Bio Ref. Interval	Unit

microscopy can occur due to cell lysis.
8. Contamination from perineum and vaginal discharge should be avoided during collection, which may falsely elevate epithelial cell count and show presence of bacteria and/or yeast in the urine.

***** End Of Report *****

Dr. Ankush Chakraborty
MBBS, MD (Path), IFCAP
Consultant Pathologist
Reg. No. 65992 (WBMC)

Lab No.	**:** SG2/08-03-2025/MR0439165	**Lab Add.**	**:**
Patient Name	: PRABHAT THAPA	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	**:** 41 Y 4 M 26 D	**Collection Date**	**:**
Gender	**:** M	**Report Date**	**:** 08/Mar/2025 12:29PM

X-RAY CHEST PA VIEW

Bilateral lung fields appear normal.

Bilateral costophrenic angles are unremarkable.

Bilateral hila and vascular markings are unremarkable.

Domes of diaphragm are normal in morphology and contour.

Cardiac size is enlarged.

Bony thoracic cage appears normal.

IMPRESSION:

Cardiomegaly.

Recommended clinical correlation with other investigation.

***** End Of Report *****

Dr. Manish Kumar Jha
MD Radiodiagnosis
Reg. No.- 77237(WBMC)

Lab No.	**:** SG2/08-03-2025/MR0439165	**Lab Add.**	**:**
Patient Name	: PRABHAT THAPA	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	**:** 41 Y 4 M 26 D	**Collection Date**	**:**
Gender	**:** M	**Report Date**	**:** 08/Mar/2025 05:02PM

DEPARTMENT OF ULTRASONOGRAPHY
REPORT ON EXAMINATION OF WHOLE ABDOMEN

LIVER

Liver is normal in size having normal shape, regular smooth outline and of homogeneous echotexture.No focal parenchymal lesion is evident.Intrahepatic biliary radicles are not dilated.Branches of portal vein are normal.

PORTA

The appearance of porta is normal. Common Bile duct is normal with no intraluminal pathology (Calculi /mass) could be detected at its visualised part. Portal vein is normal at porta.

GALL BLADDER

Gallbladder is physiologically distended. Wall thickness appears normal. No intraluminal pathology (Calculi/mass) could be detected. Sonographic Murphys sign is negative.

PANCREAS

Echogenecity appears within limits, without any focal lesion. Shape, size & position appears normal. No Calcular disease noted. Pancreatic duct is not dilated. No peri-pancreatic collection of fluid noted.

SPLEEN

Spleen is normal in size (96 mm). Homogenous and smooth echotexture without any focal lesion. Splenic vein at hilum appears normal. No definite collaterals could be detected.

KIDNEYS

Both kidneys are normal in shape, size (Rt. kidney 106 mm. & Lt. kidney 107 mm) axes & position. Cortical echogenecity appears normal maintaining corticomedullary differentiation. Margin is regular and cortical thickness is uniform. No calcular disease noted. No hydronephrotic changes detected.

URETERS

Visualised part of upper ureters are not dilated.

URINARY BLADDER

Urinary bladder is distended, wall thickness appeared normal. No intraluminal pathology (calculi / mass) could be detected.

PROSTATE

Prostate is normal in size.Echotexture appears within normal limits. No focal alteration of its echogenecity could bedetectable.
It measures : 36 x 30 x 32 mm.
Approximate weight could be around = 18 gms.

IMPRESSION

Sonographic study of Whole abdomen does not reveal any significant abnormality

Kindly note

- ***Ultrasound is not the modality of choice to rule out subtle bowel lesion.***
- ***Please Intimate us for any typing mistakes and send the report for correction within 7 days.***
- ***The science of Radiological diagnosis is based on the interpretation of various shadows produced by both the normal and abnormal tissues and are not always conclusive. Further biochemical and radiological investigation & clinical correlation is required to enable the clinician to reach the final diagnosis.***

Lab No.	**:** SG2/08-03-2025/MR0439165	**Lab Add.**	**:**
Patient Name	: PRABHAT THAPA	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	**:** 41 Y 4 M 26 D	**Collection Date**	**:**
Gender	**:** M	**Report Date**	**:** 08/Mar/2025 05:02PM

The report and films are not valid for medico-legal purpose.

Patient Identity not verified.

***** End Of Report *****

DR. Ziaul Mustafa
MD, Radiodiagnosis

Lab No.	**:** SG2/08-03-2025/MR0439165	**Lab Add.**	**:**
Patient Name	: PRABHAT THAPA	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	**:** 41 Y 4 M 26 D	**Collection Date**	**:**
Gender	**:** M	**Report Date**	**:** 08/Mar/2025 03:33PM

DEPARTMENT OF CARDIOLOGY
REPORT OF E.C.G.

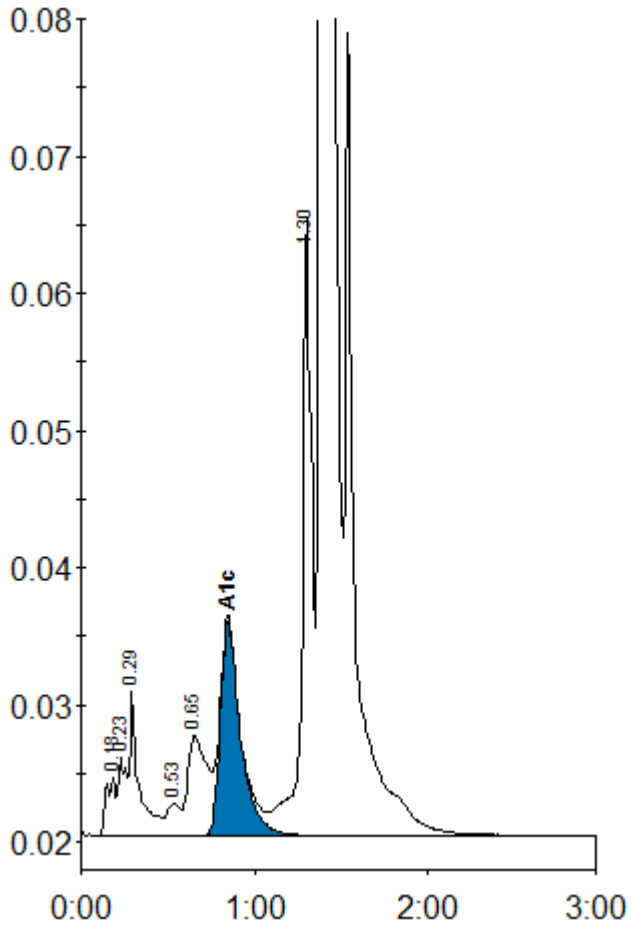
HEART RATE	:	57 /min.
RHYTHM	:	Regular sinus.
P-WAVE	:	Normal
P - R INTERVAL	:	160 ms,
QRS DURATION	:	80 ms
QRS CONFIGURATION	:	NORMAL
QRS VOLTAGE	:	R/S in V1 4/8 mm.
		R/S in V6 22/3 mm.
QRS AXIS	:	Normal
Q- Waves	:	No significant Q-wave.
QT TIME	:	Normal.
ST SEGMENT	:	Normal.
T WAVE	:	NORMAL
ROTATION	:	Normal.
OTHER FINDINGS	:	Nil.
IMPRESSION	**:**	**SINUS BRADYCARDIA.**

DR. PRAJJAL KUMAR SINHA
MBBS, MD (General Medicine)
DM Cardiology
WBMC - 69828

SURAKSHA DIAGNOSTIC PVT LTD
15/10 UDHAM SINGH SARANI -SILIGURI-734401

Patient report

Sample ID:	E02132119461
Injection date	08/03/2025 11:26 PM
Injection #: 9	D-10 Method: HbA1c
Rack #: ---	Rack position: 9
Bio-Rad v: 5.00-2	S/N: #DM23F10804



Peak table - ID: E02132119461

Peak	R.time	Height	Area	Area %
Unknown	0.18	4211	15448	0.5
A1a	0.23	5694	18220	0.5
A1b	0.29	10495	39647	1.2
F	0.53	2353	12139	0.4
LA1c/CHb-1	0.65	7299	57699	1.7
A1c	0.85	15590	127228	5.4
P3	1.30	45418	180673	5.4
A0	1.38	1213783	2903234	86.6
Total Area:		3354289		

Concentration:	%	mmol/mol
A1c	5.4	35