Lab No.	: GAR/16-11-2024/SR9915432	**Lab Add.**	: Newtown,Kolkata-700156
Patient Name	: AFSANA HALDER	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 28 Y 9 M 2 D	**Collection Date**	: 16/Nov/2024 09:52AM
Gender	: F	Report Date	: 16/Nov/2024 03:03PM

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
SODIUM,BLOOD , *GEL SERUM* (Method:ISE INDIRECT)	137	132 - 146	mEq/L
CHLORIDE,BLOOD (Method:ISE INDIRECT)	106	99-109	mEq/L
CREATININE, BLOOD (Method:Jaffe, alkaline picrate, kinetic)	0.58	0.5-1.1	mg/dL
THYROID PANEL (T3, T4, TSH) , *GEL SERUM*			
T3-TOTAL (TRI IODOTHYRONINE) (Method:CLIA)	1.51	0.60-1.81 ng/ml	ng/ml
T4-TOTAL (THYROXINE) (Method:CLIA)	10.2	3.2-12.6	µg/dL
TSH (THYROID STIMULATING HORMONE) (Method:CLIA)	1.893	0.55-4.78	µIU/mL

Serum TSH levels exhibit a diurnal variation with the peak occurring during the night and the nadir, which approximates to 50% of the peak value, occurring between 1000 and 1600 hours.[1,2]

References:

1. Bugalho MJ, Domingues RS, Pinto AC, Garrao A, Catarino AL, Ferreira T, Limbert E and Sobrinho L. Detection of thyroglobulin mRNA transcripts in peripheral blood of
individuals with and without thyroid glands: evidence for thyroglobulin expression by blood cells. Eur J Endocrinol 2001;145:409-13.
2. Bellantone R, Lombardi CP, Bossola M, Ferrante A,Princi P, Boscherini M et al. Validity of thyroglobulin mRNA assay in peripheral blood of postoperative thyroid carcinoma patients in predicting tumor recurrence varies according to the histologic type: results of a prospective study. Cancer 2001;92:2273-9.

BIOLOGICAL REFERENCE INTERVAL: [ONLY FOR PREGNANT MOTHERS]
Trimester specific TSH LEVELS during pregnancy:
FIRST TRIMESTER: 0.10 – 3.00 µ IU/mL
SECOND TRIMESTER: 0.20 -3.50 µ IU/mL
THIRD TRIMESTER : 0.30 -3.50 µ IU/mL

References:

1. *Erik K. Alexander, Elizabeth N. Pearce, Gregory A. Brent, Rosalind S. Brown, Herbert Chen, Chrysoula Dosiou, William A. Grobman, Peter Laurberg, John H. Lazarus, Susan J. Mandel, Robin P. Peeters, and Scott Sullivan.Thyroid.Mar 2017.315-389.http://doi.org/10.1089/thy.2016.0457*
2. *Kalra S, Agarwal S, Aggarwal R, Ranabir S. Trimester-specific thyroid-stimulating hormone: An indian perspective. Indian J Endocr Metab 2018;22:1-4.*

UREA,BLOOD (Method:Urease with GLDH)	25.7	19-49	mg/dL
PHOSPHORUS-INORGANIC,BLOOD (Method:Phosphomolybdate/UV)	3.2	2.4-5.1 mg/dL	mg/dL
POTASSIUM,BLOOD (Method:ISE INDIRECT)	4.5	3.5-5.5	mEq/L
CALCIUM,BLOOD (Method:Arsenazo III)	9.2	8.7-10.4	mg/dL

Lab No.	**:** GAR/16-11-2024/SR9915432	**Lab Add.**	**:** Newtown,Kolkata-700156
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Age	**:** 28 Y 9 M 2 D	**Collection Date**	**:** 16/Nov/2024 09:52AM
Gender	**:** F	Report Date	**:** 16/Nov/2024 03:03PM

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
GLUCOSE,FASTING (Method:Gluc Oxidase Trinder)	82	Impaired Fasting-100-125 .~Diabetes- >= 126.~Fasting is defined as no caloric intake for at least 8 hours.	mg/dL

In the absence of unequivocal hyperglycemia, diagnosis requires two abnormal test results from the same sample or in two separate test samples.

Reference :
ADA Standards of Medical Care in Diabetes – 2020. Diabetes Care Volume 43, Supplement 1.

URIC ACID,BLOOD (Method:Uricase/Peroxidase)	3.9	2.6-6.0	mg/dL

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

Dr Neepa Chowdhury
MBBS, MD(Biochemistry)
SECTION DIRECTOR AND SENIOR CONSULTANT BIOCHEMIST
Reg no. WBMC 62456

Lab No.	: GAR/16-11-2024/SR9915432	**Lab Add.**	: Newtown,Kolkata-700156
Patient Name	: AFSANA HALDER	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 28 Y 9 M 2 D	**Collection Date**	: 16/Nov/2024 09:52AM
Gender	: F	Report Date	: 16/Nov/2024 03:15PM

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
LIPID PROFILE , *GEL SERUM*			
CHOLESTEROL-TOTAL (Method:Enzymatic)	210	Desirable: < 200 mg/dL Borderline high: 200-239 mg/dL High: > or =240 mg/dL	mg/dL
TRIGLYCERIDES (Method:GPO-Trinder)	108	Normal:: < 150, BorderlineHigh::150-199, High:: 200-499, VeryHigh::>500	mg/dL
HDL CHOLESTEROL (Method:Elimination/catalase)	45	< 40 - Low 40-59- Optimum 60 - High	mg/dl
LDL CHOLESTEROL DIRECT (Method:Elimination / Catalase)	**150**	OPTIMAL : <100 mg/dL, Near optimal/ above optimal : 100-129 mg/dL, Borderline high : 130-159 mg/dL, High : 160-189 mg/dL, Very high : >=190 mg/dL	mg/dL
VLDL (Method:Calculated)	15	< 40 mg/dl	mg/dl
CHOL HDL Ratio (Method:Calculated)	4.7	LOW RISK 3.3-4.4 AVERAGE RISK 4.47-7.1 MODERATE RISK 7.1-11.0 HIGH RISK >11.0	

Reference: *National Cholesterol Education Program. Executive summary of the third report of The National Cholesterol Education Program (NCEP) Expert Panel on detection, evaluation, and treatment of high blood cholesterol in adults (Adult Treatment Panel III).* JAMA. *May 16 2001;285(19):2486-97.*

TOTAL PROTEIN [BLOOD] ALB:GLO RATIO , .			
TOTAL PROTEIN (Method:BIURET METHOD)	7.1	5.7-8.2 g/dL	g/dL
ALBUMIN (Method:BCG Dye Binding)	4.3	3.2-4.8 g/dL	g/dL
GLOBULIN (Method:Calculated)	2.8	1.8-3.2	g/dl
AG Ratio (Method:Calculated)	1.54	1.0-2.5	

GLYCATED HAEMOGLOBIN (HBA1C) , *EDTA WHOLE BLOOD*			
GLYCATED HEMOGLOBIN (HBA1C)	5.1	***FOR BIOLOGICAL REFERENCE INTERVAL DETAILS , PLEASE REFER TO THE BELOW MENTIONED REMARKS/NOTE WITH ADDITIONAL CLINICAL INFORMATION ***	%
HbA1c (IFCC) (Method:HPLC)	33		mmol/mol

RECOMMENDED FOR Hb-TYPING TO RULE OUT ANY HEMOGLOBINOPATHY WHICH MAY INTERFERE WITH THE TRUE VALUE OF HbA1C.

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Lab No.	**:** GAR/16-11-2024/SR9915432	**Lab Add.**	**:** Newtown,Kolkata-700156
Patient Name	: AFSANA HALDER	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	**:** 28 Y 9 M 2 D	**Collection Date**	**:** 16/Nov/2024 09:52AM
Gender	**:** F	Report Date	**:** 16/Nov/2024 03:15PM

DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit

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-VARIANT TURBO 2.0
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 B_{12}/ 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

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

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

MC-2743

CAP ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS

Suraksha DIAGNOSTICS

Lab No.	: GAR/16-11-2024/SR9915432	**Lab Add.**	: Newtown,Kolkata-700156
Patient Name	: AFSANA HALDER	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 28 Y 9 M 2 D	**Collection Date**	: 16/Nov/2024 09:52AM
Gender	: F	Report Date	: 16/Nov/2024 02:22PM

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Bio Ref. Interval	Unit
ESR (ERYTHROCYTE SEDIMENTATION RATE) , *EDTA WHOLE BLOOD*			
1stHour (Method:Westergren)	16	0.00 - 20.00 mm/hr	mm/hr

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

DR. NEHA GUPTA
MD, DNB (Pathology)
Consultant Pathologist
Reg No. WBMC 65104

Lab No.	: GAR/16-11-2024/SR9915432	**Lab Add.**	: Newtown,Kolkata-700156
Patient Name	: AFSANA HALDER	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 28 Y 9 M 2 D	**Collection Date**	: 16/Nov/2024 09:52AM
Gender	: F	Report Date	: 16/Nov/2024 03:13PM

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Bio Ref. Interval	Unit
CBC WITH PLATELET (THROMBOCYTE) COUNT , *EDTA WHOLE BLOOD*			
HEMOGLOBIN (Method:PHOTOMETRIC)	12.9	12 - 15	g/dL
WBC (Method:DC detection method)	8	4 - 10	*10^3/µL
RBC (Method:DC detection method)	**5.13**	3.8 - 4.8	*10^6/µL
PLATELET (THROMBOCYTE) COUNT (Method:DC detection method/Microscopy)	157	150 - 450*10^3	*10^3/µL
DIFFERENTIAL COUNT			
NEUTROPHILS (Method:Flowcytometry/Microscopy)	62	40 - 80	%
LYMPHOCYTES (Method:Flowcytometry/Microscopy)	27	20 - 40	%
MONOCYTES (Method:Flowcytometry/Microscopy)	09	2 - 10	%
EOSINOPHILS (Method:Flowcytometry/Microscopy)	02	1 - 6	%
BASOPHILS (Method:Flowcytometry/Microscopy)	00	0-0.9	%
CBC SUBGROUP			
HEMATOCRIT / PCV (Method:Calculated)	41.9	36 - 46 %	%
MCV (Method:Calculated)	**81.6**	83 - 101 fl	fl
MCH (Method:Calculated)	**25.2**	27 - 32 pg	pg
MCHC (Method:Calculated)	**30.8**	31.5-34.5 gm/dl	gm/dl
RDW - RED CELL DISTRIBUTION WIDTH (Method:Calculated)	13.7	11.6-14%	%
PDW-PLATELET DISTRIBUTION WIDTH (Method:Calculated)	27.4	8.3 - 25 fL	fL
MPV-MEAN PLATELET VOLUME (Method:Calculated)	14.5	7.5 - 11.5 fl	

BLOOD GROUP ABO+RH [GEL METHOD] , *EDTA WHOLE BLOOD*			
ABO (Method:Gel Card)	O		
RH (Method:Gel Card)	POSITIVE		

TECHNOLOGY USED: GEL METHOD

ADVANTAGES :

- 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.

Historical records check not performed.

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

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MC-2743

Suraksha DIAGNOSTICS

Lab No.	**:** GAR/16-11-2024/SR9915432	**Lab Add.**	**:** Newtown,Kolkata-700156
Patient Name	: AFSANA HALDER	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	**:** 28 Y 9 M 2 D	**Collection Date**	**:** 16/Nov/2024 09:52AM
Gender	**:** F	Report Date	**:** 16/Nov/2024 03:13PM

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Bio Ref. Interval	Unit

Kaushik Dey

Dr. KAUSHIK DEY
MD (PATHOLOGY)
CONSULTANT PATHOLOGIST
Reg No. WBMC 66405

Lab No.	: GAR/16-11-2024/SR9915432	**Lab Add.**	: Newtown,Kolkata-700156
Patient Name	: AFSANA HALDER	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	: 28 Y 9 M 2 D	**Collection Date**	: 16/Nov/2024 10:06AM
Gender	: F	Report Date	: 16/Nov/2024 03:14PM

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))	5.0	4.6 - 8.0	
SPECIFIC GRAVITY (Method:Dipstick (ion concentration method))	1.020	1.005 - 1.030	
PROTEIN (Method:Dipstick (protein error of pH indicators)/Manual)	NOT DETECTED	NOT DETECTED	
GLUCOSE (Method:Dipstick(glucose-oxidase-peroxidase method)/Manual)	NOT DETECTED	NOT DETECTED	
KETONES (ACETOACETIC ACID, ACETONE) (Method:Dipstick (Legals test)/Manual)	NOT DETECTED	NOT DETECTED	
BLOOD (Method:Dipstick (pseudoperoxidase reaction))	NOT DETECTED	NOT DETECTED	
BILIRUBIN (Method:Dipstick (azo-diazo reaction)/Manual)	NEGATIVE	NEGATIVE	
UROBILINOGEN (Method:Dipstick (diazonium ion reaction)/Manual)	NEGATIVE	NEGATIVE	
NITRITE (Method:Dipstick (Griess test))	NEGATIVE	NEGATIVE	
LEUCOCYTE ESTERASE (Method:Dipstick (ester hydrolysis reaction))	NEGATIVE	NEGATIVE	
MICROSCOPIC EXAMINATION			
LEUKOCYTES (PUS CELLS) (Method:Microscopy)	0-1	0-5	/hpf
EPITHELIAL CELLS (Method:Microscopy)	4-6	0-5	/hpf
RED BLOOD CELLS (Method:Microscopy)	NOT DETECTED	0-2	/hpf
CAST (Method:Microscopy)	NOT DETECTED	NOT DETECTED	
CRYSTALS (Method:Microscopy)	NOT DETECTED	NOT DETECTED	
BACTERIA (Method:Microscopy)	PRESENT (+)	NOT DETECTED	
YEAST (Method:Microscopy)	NOT DETECTED	NOT DETECTED	

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 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

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Lab No.	**:** GAR/16-11-2024/SR9915432	**Lab Add.**	**:** Newtown,Kolkata-700156
Patient Name	: AFSANA HALDER	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	**:** 28 Y 9 M 2 D	**Collection Date**	**:** 16/Nov/2024 10:06AM
Gender	**:** F	Report Date	**:** 16/Nov/2024 03:14PM

DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Bio Ref. Interval	Unit

and/or yeast in the urine.

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

Kaushik Dey

Dr. KAUSHIK DEY
MD (PATHOLOGY)
CONSULTANT PATHOLOGIST
Reg No. WBMC 66405

Suraksha DIAGNOSTICS

Lab No.	**:** GAR/16-11-2024/SR9915432	**Lab Add.**	**:**
Patient Name	: AFSANA HALDER	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	**:** 28 Y 9 M 2 D	**Collection Date**	**:**
Gender	**:** F	Report Date	**:** 16/Nov/2024 04:29PM

DEPARTMENT OF CARDIOLOGY

E.C.G. REPORT

DATA	
HEART RATE	76 Bpm
PR INTERVAL	120 Ms
QRS DURATION	78 Ms
QT INTERVAL	358 Ms
QTC INTERVAL	403 Ms
AXIS	
P WAVE	21 Degree
QRS WAVE	29 Degree
T WAVE	18 Degree

Normal sinus rhythm, within normal limits.

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

Dr. S S Sahai
MBBS MD (Gen Med) DM (Cardio)
Regn No. 61545 (WBMC)

DEPARTMENT OF ULTRASONOGRAPHY

REPORT ON EXAMINATION OF WHOLE ABDOMEN

LIVER

Liver is normal in size (13.45 cm) having normal shape, regular smooth outline. **Parenchymal echogenecity of both lobes are mildly increased** . Intrahepatic biliary radicles are not dilated. Branches of portal veins and hepatic veins are normal.

PORTA

The appearance of porta is normal. Common bile duct(0.33 cm) is normal in diameter, with no intraluminal pathology (Calculi/mass) could be detected at its visualised part. Portal vein(1.00 cm) is normal in diameter at porta.

GALL BLADDER

Gall bladder is normal in size, shape. **Multiple comet tail artefacts noted in the fundal region without associated wall thickening -suggested of cholesterosis.** Gall bladder wall is normal in thickness. No pericholecystic fluid collection noted.

PANCREAS

Pancreas is normal in size, shape and contour. Parenchymal echogenecity is normal and homogeneous. No focal mass or calcification seen. No Calcular disease noted. Pancreatic duct is not dilated. No peri-pancreatic collection of fluid noted.

SPLEEN

Spleen is normal in size (10.39 cm). 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 10.94 cm. & Lt. kidney 10.51 cm) axes & position. Cortical echogenicity appears normal maintaining corticomedullary differentiation. Margin is regular and cortical thickness is uniform. No calcular disease noted. No hydronephrotic changes detected.

URETER

Ureters are not dilated.

URINARY BLADDER

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

UTERUS

Uterus is normal in shape, size and outline. Uterus measures 7.71 x 4.16 x 5.87 cm.Myometrial echotexture is homogenous. **Endometrial lining is thickened 1.25 cm.**

OVARIES

Lab No.	**:** GAR/16-11-2024/SR9915432	**Lab Add.**	**:**
Patient Name	: AFSANA HALDER	**Ref Dr.**	: Dr.MEDICAL OFFICER
Age	**:** 28 Y 9 M 2 D	**Collection Date**	**:**
Gender	**:** F	Report Date	**:** 16/Nov/2024 04:54PM

DEPARTMENT OF ULTRASONOGRAPHY

Both ovaries are bulky in size with echogenic stroma and multiple peripherally arranged subcentrimetric cysts are seen.

Right ovary measures 3.89 x 2.91 x 3.71 cm , vol= 22 cc

Left ovary measures 3.52 x 2.81 x 3.01 cm, vol= 16 cc

ADNEXAE

No abnormal mass seen.

IMPRESSION

- **Grade I fatty liver.**
- **Cholesterosis of gall bladder.**
- **Bilateral bulky ovaries with polycystic morphology.**
- **Thickened endometrial lining.**

****** *Suggested clinical correlation and further needful investigations*.**

Kindly note

Ø ***Ultrasound is not the modality of choice to rule out subtle bowel lesion.***
Ø ***Please Intimate us for any typing mistakes and send the report for correction within 7 days.***
Ø *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.*

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

Dr.Tanvi Priyam
MBBS, MD Radio-Diagnosis
WB 81485

SURAKSHA DIAGNOSTIC,RAJARHAT,KOLKATA **PATIENT REPORT**

BIO-RAD VARIANT-II TURBO CDM5.4. SN-16122 **V2TURBO_A1c_2.0**

Patient Data

Sample ID:	E02132967790
Patient ID:	SR9915432
Name:	AFSANA HALDER
Physician:	
Sex:	F
DOB:	

Comments:

Analysis Data

Analysis Performed:	16/NOV/2024 14:43:24
Injection Number:	1709
Run Number:	18
Rack ID:	0007
Tube Number:	4
Report Generated:	16/NOV/2024 14:54:13
Operator ID:	PAYEL

Peak Name	NGSP %	Area %	Retention Time (min)	Peak Area
A1a	---	1.0	0.166	33546
A1b	---	0.7	0.234	21864
F	---	0.8	0.290	27577
LA1c	---	1.4	0.410	46227
A1c	5.1	---	0.518	108970
P3	---	3.4	0.814	115317
P4	---	1.0	0.871	31848
Unknown	---	1.2	0.936	41495
Ao	---	60.9	1.020	2036611
Variant Window	---	26.4	1.103	882421

Total Area: 3,345,876

HbA1c (NGSP) = 5.1 % HbA1c (IFCC) = 33 mmol/mol