MC-2743

CAP ACCREDITED
COLLEGE of AMERICAN PATHOLOGISTS

Suraksha DIAGNOSTICS

| | | | |
|---|---|---|---|
| **Lab No.** | : DUN/27-03-2023/SR7456795 | **Lab Add.** | : Newtown, Kolkata-700156 |
| **Patient Name** | : **PUJA KUMARI** | **Ref Dr.** | : Dr.MEDICAL OFFICER |
| **Age** | : 25 Y 2 M 14 D | **Collection Date** | : 27/Mar/2023 09:31AM |
| **Gender** | : F | **Report Date** | : 27/Mar/2023 12:52PM |

| Test Name | Result | Unit | Bio Ref. Interval | Method |
|---|---|---|---|---|
| **POTASSIUM, BLOOD ,** *GEL SERUM* | | | | |
| POTASSIUM,BLOOD | 4.20 | mEq/L | 3.5-5.5 mEq/L | ISE INDIRECT |
| ***CHLORIDE, BLOOD ,** . | | | | |
| CHLORIDE,BLOOD | 105 | mEq/L | 99-109 mEq/L | ISE INDIRECT |
| **SODIUM, BLOOD ,** *GEL SERUM* | | | | |
| SODIUM,BLOOD | 138 | mEq/L | 132 - 146 mEq/L | ISE INDIRECT |

Dr NEEPA CHOWDHURY
MBBS MD (Biochemistry)
Consultant Biochemist



Suraksha Diagnostic Private Limited
E-mail: info@surakshanet.com | Website: www.surakshanet.com

**Lab No. : SR7456795** **Name : PUJA KUMARI** **Age/G : 25 Y 2 M 14 D / F** **Date : 27-03-2023**

**ESR (ERYTHROCYTE SEDIMENTATION RATE) ,** *EDTA WHOLE BLOOD*

| | | | | |
|---|---|---|---|---|
| 1stHour | **25** | mm/hr | 0.00 - 20.00 mm/hr | Westergren |

Dr Mansi Gulati
Consultant Pathologist
MBBS, MD, DNB (Pathology)



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E-mail: info@surakshanet.com | Website: www.surakshanet.com

**Lab No. : SR7456795** **Name : PUJA KUMARI** **Age/G : 25 Y 2 M 14 D / F** **Date : 28-03-2023**

**BLOOD GROUP ABO+RH [GEL METHOD] ,** *EDTA WHOLE BLOOD*

| | | |
|---|---|---|
| ABO | O | Gel Card |
| RH | POSITIVE | Gel Card |

**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.***

**CBC WITH PLATELET (THROMBOCYTE) COUNT ,** *EDTA WHOLE BLOOD*

| | | | | |
|---|---|---|---|---|
| HEMOGLOBIN | **10.5** | g/dL | 12 - 15 | PHOTOMETRIC |
| WBC | 5.6 | *10^3/µL | 4 - 10 | DC detection method |
| RBC | 3.85 | *10^6/µL | 3.8 - 4.8 | DC detection method |
| PLATELET (THROMBOCYTE) COUNT | 183 | *10^3/µL | 150 - 450*10^3/µL | DC detection method/Microscopy |
| ***DIFFERENTIAL COUNT*** | | | | |
| NEUTROPHILS | 61 | % | 40 - 80 % | Flowcytometry/Microscopy |
| LYMPHOCYTES | 29 | % | 20 - 40 % | Flowcytometry/Microscopy |
| MONOCYTES | 06 | % | 2 - 10 % | Flowcytometry/Microscopy |
| EOSINOPHILS | 04 | % | 1 - 6 % | Flowcytometry/Microscopy |
| BASOPHILS | 00 | % | 0-0.9% | Flowcytometry/Microscopy |
| ***CBC SUBGROUP*** | | | | |
| HEMATOCRIT / PCV | **33.2** | % | 36 - 46 % | Calculated |
| MCV | 86.2 | fl | 83 - 101 fl | Calculated |
| MCH | 27.3 | pg | 27 - 32 pg | Calculated |
| MCHC | 31.7 | gm/dl | 31.5-34.5 gm/dl | Calculated |
| RDW - RED CELL DISTRIBUTION WIDTH | **16.3** | % | 11.6-14% | Calculated |
| PDW-PLATELET DISTRIBUTION WIDTH | 33.8 | fL | 8.3 - 25 fL | Calculated |
| MPV-MEAN PLATELET VOLUME | 13.4 | | 7.5 - 11.5 fl | Calculated |

**URINE ROUTINE ALL, ALL ,** *URINE*

| | | | |
|---|---|---|---|
| ***PHYSICAL EXAMINATION*** | | | |
| COLOUR | PALE YELLOW | | |
| APPEARANCE | SLIGHTLY HAZY | | |
| ***CHEMICAL EXAMINATION*** | | | |
| pH | 5.0 | 4.6 - 8.0 | Dipstick (triple indicator method) |
| SPECIFIC GRAVITY | 1.020 | 1.005 - 1.030 | Dipstick (ion concentration method) |
| PROTEIN | NOT DETECTED | NOT DETECTED | Dipstick (protein error of pH indicators)/Manual |
| GLUCOSE | NOT DETECTED | NOT DETECTED | Dipstick(glucose-oxidase-peroxidase method)/Manual |
| KETONES (ACETOACETIC ACID, ACETONE) | NOT DETECTED | NOT DETECTED | Dipstick (Legals test)/Manual |
| BLOOD | NOT DETECTED | NOT DETECTED | Dipstick (pseudoperoxidase reaction) |
| BILIRUBIN | NEGATIVE | NEGATIVE | Dipstick (azo-diazo reaction)/Manual |
| UROBILINOGEN | NEGATIVE | NEGATIVE | Dipstick (diazonium ion reaction)/Manual |
| NITRITE | NEGATIVE | NEGATIVE | Dipstick (Griess test) |

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| | | | | |
|---|---|---|---|---|
| LEUCOCYTE ESTERASE | NEGATIVE | | NEGATIVE | Dipstick (ester hydrolysis reaction) |
| ***MICROSCOPIC EXAMINATION*** | | | | |
| LEUKOCYTES (PUS CELLS) | 0-1 | /hpf | 0-5 | Microscopy |
| EPITHELIAL CELLS | 1-2 | /hpf | 0-5 | Microscopy |
| RED BLOOD CELLS | NOT DETECTED | /hpf | 0-2 | Microscopy |
| CAST | NOT DETECTED | | NOT DETECTED | Microscopy |
| CRYSTALS | NOT DETECTED | | NOT DETECTED | Microscopy |
| BACTERIA | NOT DETECTED | | NOT DETECTED | Microscopy |
| YEAST | NOT DETECTED | | NOT DETECTED | Microscopy |

**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 and/or yeast in the urine.

Dr. PANKTI PATEL
MBBS , MD (PATHOLOGY)
CONSULTANT PATHOLOGIST

**Lab No. : SR7456795** **Name : PUJA KUMARI** **Age/G : 25 Y 2 M 14 D / F** **Date : 28-03-2023**

| | | | | |
|---|---|---|---|---|
| **CREATININE, BLOOD ,** *GEL SERUM* | 0.71 | mg/dL | 0.5-1.1 mg/dL | Jaffe, alkaline picrate, kinetic |
| **CALCIUM, BLOOD** | | | | |
| CALCIUM,BLOOD | 9.60 | mg/dL | 8.7-10.4 mg/dL | Arsenazo III |
| **URIC ACID, BLOOD ,** *GEL SERUM* | | | | |
| URIC ACID,BLOOD | 6.00 | mg/dL | 2.6-6.0 mg/dL | Uricase/Peroxidase |
| **LIPID PROFILE ,** *GEL SERUM* | | | | |
| CHOLESTEROL-TOTAL | 191 | mg/dL | Desirable: < 200 mg/dL<br>Borderline high: 200-239 mg/dL<br>High: > or =240 mg/dL | Enzymatic |
| TRIGLYCERIDES | **206** | mg/dL | Normal:: < 150,<br>BorderlineHigh::150-199,<br>High:: 200-499,<br>VeryHigh::>500 | GPO-Trinder |
| HDL CHOLESTEROL | **35** | mg/dl | < 40 - Low<br>40-59- Optimum<br>60 - High | Elimination/catalase |
| LDL CHOLESTEROL DIRECT | **135** | mg/dL | OPTIMAL : <100 mg/dL,<br>Near optimal/ above optimal : 100-129 mg/dL,<br>Borderline high : 130-159 mg/dL,<br>High : 160-189 mg/dL,<br>Very high : >=190 mg/dL | Elimination / Catalase |
| VLDL | 21 | mg/dl | < 40 mg/dl | Calculated |
| CHOL HDL Ratio | 5.5 | | LOW RISK 3.3-4.4 AVERAGE RISK 4.47-7.1 MODERATE RISK 7.1-11.0 HIGH RISK >11.0 | Calculated |

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.*

PDF Attached

**GLYCATED HAEMOGLOBIN (HBA1C) ,** *EDTA WHOLE BLOOD*

| | | | | |
|---|---|---|---|---|
| GLYCATED HEMOGLOBIN (HBA1C) | 4.9 | % | ***FOR BIOLOGICAL REFERENCE INTERVAL DETAILS , PLEASE REFER TO THE BELOW MENTIONED REMARKS/NOTE WITH ADDITIONAL CLINICAL INFORMATION *** | |
| HbA1c (IFCC) | 30.0 | mmol/mol | | 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-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.*

**THYROID PANEL (T3, T4, TSH) ,** *GEL SERUM*

| | | | | |
|---|---|---|---|---|
| T3-TOTAL (TRI IODOTHYRONINE) | 1.09 | ng/ml | 0.60-1.81 ng/ml | CLIA |
| T4-TOTAL (THYROXINE) | 11.2 | µg/dL | 3.2-12.6 µg/dL | CLIA |
| TSH (THYROID STIMULATING HORMONE) | **6.98** | µIU/mL | 0.55-4.78 µIU/mL | CLIA |

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** | **12.8** | mg/dL | 19-49 mg/dL | Urease with GLDH |

**GLUCOSE, FASTING ,** *BLOOD, NAF PLASMA*

| | | | | |
|---|---|---|---|---|
| GLUCOSE,FASTING | 83 | mg/dL | Impaired Fasting-100-125 .<br>Diabetes- >= 126.<br>Fasting is defined as no caloric intake for at least 8 hours. | Gluc Oxidase Trinder |

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***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.*

**PHOSPHORUS-INORGANIC, BLOOD ,** *GEL SERUM*

| | | | | |
|---|---|---|---|---|
| PHOSPHORUS-INORGANIC,BLOOD | 3.9 | mg/dL | 2.4-5.1 mg/dL | Phosphomolybdate/UV |

**TOTAL PROTEIN [BLOOD] ALB:GLO RATIO ,** .

| | | | | |
|---|---|---|---|---|
| TOTAL PROTEIN | 8.00 | g/dL | 5.7-8.2 g/dL | BIURET METHOD |
| ALBUMIN | 4.7 | g/dL | 3.2-4.8 g/dL | BCG Dye Binding |
| GLOBULIN | **3.30** | g/dl | 1.8-3.2 g/dl | Calculated |
| AG Ratio | 1.42 | | 1.0 - 2.5 | Calculated |

**GLUCOSE, PP ,** *BLOOD, NAF PLASMA*

| | | | | |
|---|---|---|---|---|
| GLUCOSE,PP | 87 | mg/dL | Impaired Glucose Tolerance-140 to 199.<br>Diabetes>= 200. | Gluc Oxidase Trinder |

***The test should be performed as described by the WHO, using a glucose load containing the equivalent of 75-g anhydrous glucose dissolved in water.***
***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.*

**DR. ANANNYA GHOSH**
**MBBS, MD (Biochemistry)**
**Consultant Biochemist**



Suraksha Diagnostic Private Limited
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Suraksha DIAGNOSTICS

| | | | |
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| **Lab No.** | : DUN/27-03-2023/SR7456795 | **Lab Add.** | : |
| **Patient Name** | : **PUJA KUMARI** | **Ref Dr.** | : Dr.MEDICAL OFFICER |
| **Age** | : 25 Y 2 M 14 D | **Collection Date:** | |
| **Gender** | : F | **Report Date** | : 27/Mar/2023 03:25PM |

## DEPARTMENT OF CARDIOLOGY
## REPORT OF E.C.G.

| | | |
|---|---|---|
| DATA | | |
| HEART RATE | 60 | Bpm |
| PR INTERVAL | 140 | Ms |
| QRS DURATION | 80 | Ms |
| QT INTERVAL | 390 | Ms |
| QTC INTERVAL | 390 | Ms |
| AXIS | | |
| P WAVE | 27 | Degree |
| QRS WAVE | 37 | Degree |
| T WAVE | 27 | Degree |
| **IMPRESSION** | : | **Normal sinus rhythm, within normal limits.** |

ACRay

Dr. A C RAY
Department of Non-invasive Cardiology

| | | | |
|---|---|---|---|
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| **Patient Name** | : **PUJA KUMARI** | **Ref Dr.** | : Dr.MEDICAL OFFICER |
| **Age** | : 25 Y 2 M 14 D | **Collection Date:** | |
| **Gender** | : F | **Report Date** | : 27/Mar/2023 03:15PM |

## DEPARTMENT OF ULTRASONOGRAPHY

## REPORT ON EXAMINATION OF WHOLE ABDOMEN

**LIVER**: Normal in shape, size (12.77 cm) and parenchymal echopattern. No focal lesion of altered echogenicity is seen. Intrahepatic biliary radicles are not dilated. The portal vein branches and hepatic veins are normal.

**GALL BLADDER**: Well distended lumen shows no intra-luminal calculus or mass. Wall thickness is normal. No pericholecystic collection or mass formation is noted.

**PORTA HEPATIS**: The portal vein (0.77 cm) is normal in caliber with clear lumen. The common bile duct is normal in caliber. Visualized lumen is clear till visualised extent. Common bile duct measures approx 0.36 cm in diameter. *Extreme lower end of common bile duct is not visualised due to bowel gas shadow.*

**PANCREAS**: It is normal in shape, size and echopattern. Main pancreatic duct is not dilated. No focal lesion of altered echogenicity is seen. The peripancreatic region shows no abnormal fluid collection.

**SPLEEN**: It is normal in shape, size (9.51 cm) and shows homogeneous echopattern. No focal lesion is seen. No abnormal venous dilatation is seen in the splenic hilum.

**KIDNEYS**: Both Kidneys are normal in shape, size and position. Cortical echogenicity and thickness are normal with normal cortico-medullary differentiation in both kidneys. No calculus, hydronephrosis or mass is noted. The perinephric region shows no abnormal fluid collection.

**RIGHT KIDNEY** measures 10.50 cm **LEFT KIDNEY** measures 9.77 cm

**URETER**: Both ureters are not dilated. No calculus is noted in either side.

**PERITONEUM & RETROPERITONEUM**: The aorta and IVC are normal. Lymph nodes are not enlarged. No free fluid is seen in peritoneum.

**URINARY BLADDER:** It is adequately distended providing optimum scanning window. The lumen is clear and wall thickness is normal.

**UTERUS**: **It is elongated (measures 10.49 x 3.29 x 5.53 cm) with mild heterogenous myometrium**. Endometrial echo is in midline. Double layer of endometrial echo measures 0.60 cm . Endometrial cavity is empty. Cervix is normal.

**ADNEXA**: No adnexal SOL is noted.

**RIGHT OVARY** is normal in shape, size and echopattern. Right ovary measures 4.41 cm x 1.36

cm.

**LEFT OVARY** is normal in shape, size and echopattern. Left ovary measures 4.47 cm x 2.34 cm.

**POD** : No fluid is seen.

**IMPRESSION:**

**Elongated uterus.**

*Please correlate clinically.*

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.*

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

*Patient Identity not verified.*

DR. NAMRATA CHATTERJEE
MBBS,CONSULTANT SONOLOGIST
Reg No : 79092

Suraksha DIAGNOSTICS

| | | | |
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| **Age** | : 25 Y 2 M 14 D | **Collection Date:** | |
| **Gender** | : F | **Report Date** | : 27/Mar/2023 06:55PM |

## DEPARTMENT OF RADIOLOGY
## X-RAY REPORT OF CHEST (PA)

**FINDINGS :**

No active lung parenchymal lesion is seen.

Both the hila are normal in size, density and position.

Mediastinum is central. Trachea is in midline.

Domes of diaphragm are smoothly outlined. Position is within normal limits.

Lateral costo-phrenic angles are clear.

The cardio-thoracic ratio is normal.

Bony thorax reveals no definite abnormality.

**IMPRESSION :**

**Normal study.**

**DR. DIPANKAR DE**
**MD, Radiodiagnosis**
**(Consultant Radiologist)**
**Reg No. 65505 (WBMC)**



Suraksha Diagnostic Private Limited
E-mail: info@surakshanet.com | Website: www.surakshanet.com

**SURAKSHA DIAGNOSTIC, RAJARHAT, KOLKATA.** **PATIENT REPORT**
**BIO-RAD VARIANT TURBO CDM 5.4** **s/n 15893** **V2TURBO_A1c_2.0**

**Patient Data**

| | |
|---|---|
| Sample ID: | D02135110896 |
| Patient ID: | SR7456795 |
| Name: | |
| Physician: | |
| Sex: | |
| DOB: | |

Comments:

**Analysis Data**

| | |
|---|---|
| Analysis Performed: | 27/MAR/2023 12:07:55 |
| Injection Number: | 10779U |
| Run Number: | 242 |
| Rack ID: | 0002 |
| Tube Number: | 8 |
| Report Generated: | 27/MAR/2023 12:16:49 |
| Operator ID: | ASIT |

| Peak Name | NGSP % | Area % | Retention Time (min) | Peak Area |
|---|---|---|---|---|
| A1a | --- | 1.0 | 0.156 | 16741 |
| A1b | --- | 0.8 | 0.216 | 13712 |
| F | --- | 0.7 | 0.266 | 12229 |
| LA1c | --- | 1.7 | 0.395 | 28621 |
| A1c | 4.9 | --- | 0.503 | 70062 |
| P3 | --- | 3.2 | 0.784 | 54169 |
| P4 | --- | 1.2 | 0.864 | 19420 |
| Ao | --- | 87.2 | 0.990 | 1470750 |

Total Area: 1,685,704

**HbA1c (NGSP) = 4.9 %** HbA1c (IFCC) = 30 mmol/mol