

Lab No. : SG2/22-07-2023/SR7919425  
 Patient Name : LAWRENCE MURMU  
 Age : 33 Y 10 M 18 D  
 Gender : M

Lab Add. : Sevoke Road, Siliguri 734001  
 Ref Dr. : Dr.MEDICAL OFFICER  
 Collection Date: 22/Jul/2023 03:11PM  
 Report Date : 22/Jul/2023 06:10PM



| Test Name                                       | Result      | Unit  | Bio Ref. Interval                                                             | Method                                   |
|-------------------------------------------------|-------------|-------|-------------------------------------------------------------------------------|------------------------------------------|
| <b>*SGOT/AST , GEL SERUM</b>                    |             |       |                                                                               |                                          |
| SGOT/AST                                        | 29          | U/L   | 15 - 37 U/L                                                                   | UV WITH P5P                              |
| <b>*POTASSIUM, BLOOD , GEL SERUM</b>            |             |       |                                                                               |                                          |
| POTASSIUM,BLOOD                                 | 4.40        | mEq/L | 3.5 - 5.1 mEq/L                                                               | ISE INDIRECT                             |
| <b>CREATININE, BLOOD , GEL SERUM</b>            |             |       |                                                                               |                                          |
| CREATININE, BLOOD                               | 1.14        | mg/dl | 0.70 - 1.30 mg/dl                                                             | ALKALINE PICRATE                         |
| <b>*PHOSPHORUS-INORGANIC, BLOOD , GEL SERUM</b> |             |       |                                                                               |                                          |
| PHOSPHORUS-INORGANIC,BLOOD                      | 2.5         | mg/dl | 2.5-4.5 mg/dl                                                                 | UV PHOSPHOMOLYBDATE                      |
| <b>*TOTAL PROTEIN [BLOOD] ALB:GLO RATIO , .</b> |             |       |                                                                               |                                          |
| TOTAL PROTEIN                                   | 7.72        | g/dL  | 6.6 - 8.7 g/dL                                                                | BIURET METHOD                            |
| ALBUMIN                                         | 3.9         | g/dl  | 3.4 - 5.0 g/dl                                                                | BCP                                      |
| GLOBULIN                                        | <b>3.83</b> | g/dl  | 1.8-3.2 g/dl                                                                  | Calculated                               |
| AG Ratio                                        | 1.02        |       | 1.0 - 2.5                                                                     | Calculated                               |
| <b>*CALCIUM, BLOOD</b>                          |             |       |                                                                               |                                          |
| CALCIUM,BLOOD                                   | 9.03        | mg/L  | 8.6-10.0 mg/dl                                                                | OCPC                                     |
| <b>CHECKED TWICE</b>                            |             |       |                                                                               |                                          |
| <b>*SODIUM, BLOOD , GEL SERUM</b>               |             |       |                                                                               |                                          |
| SODIUM,BLOOD                                    | 141         | mEq/L | 136 - 145 mEq/L                                                               | ISE INDIRECT                             |
| <b>*ALKALINE PHOSPHATASE , GEL SERUM</b>        |             |       |                                                                               |                                          |
| ALKALINE PHOSPHATASE                            | 91          | U/L   | 46 - 116 U/L                                                                  | P-NPP,AMP BUFFER                         |
| <b>*CHLORIDE, BLOOD , .</b>                     |             |       |                                                                               |                                          |
| CHLORIDE,BLOOD                                  | 104         | mEq/L | 98 - 107 mEq/L                                                                | ISE INDIRECT                             |
| <b>*SGPT/ALT , GEL SERUM</b>                    |             |       |                                                                               |                                          |
| SGPT/ALT                                        | 57          | U/L   | 16 - 63 U/L                                                                   | UV WITH P5P                              |
| <b>*GLUCOSE, FASTING , BLOOD, NAF PLASMA</b>    |             |       |                                                                               |                                          |
| GLUCOSE,FASTING                                 | 93          | mg/dl | 70 - 100 mg/dL                                                                | Hexokinase Method                        |
| <b>*LIPID PROFILE , GEL SERUM</b>               |             |       |                                                                               |                                          |
| CHOLESTEROL-TOTAL                               | 179         | mg/dl | Desirable: < 200 mg/dL<br>Borderline high: 200-239 High: > 240 mg/dL          | CHOLESTEROL OXIDASE, ESTERASE,PEROXIDASE |
| TRIGLYCERIDES                                   | <b>164</b>  | mg/dl | NORMAL < 150 BORDERLINE HIGH 150-199 HIGH 200-499 VERY HIGH > 500             | ENZYMATIC, END POINT                     |
| HDL CHOLESTEROL                                 | 45          | mg/dl | NO RISK : >60 mg/dL,<br>MODERATE RISK : 40-60 mg/dL,<br>HIGH RISK : <40 mg/dL | DIRECT MEASURE-PEG                       |
| LDL CHOLESTEROL DIRECT                          | <b>116</b>  | mg/dl | OPTIMAL : <100 mg/dL, Near optimal/ above optimal : 100-129                   | DIRECT MEASURE                           |

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|                |     |       |                                                                                     |                                                                                             |            |
|----------------|-----|-------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|------------|
|                |     |       |                                                                                     | mg/dL, Borderline high : 130-159<br>mg/dL, High : 160-189 mg/dL,<br>Very high : >=190 mg/dL |            |
| VLDL           | 19  | mg/dL | < 40 mg/dl                                                                          |                                                                                             | Calculated |
| CHOL HDL Ratio | 4.0 |       | LOW RISK 3.3-4.4 AVERAGE<br>RISK 4.47-7.1 MODERATE RISK<br>7.1-11.0 HIGH RISK >11.0 |                                                                                             | Calculated |

**NOTE :** Elevated Triglyceride value is to be interpreted in the light of previous 72 hrs dietary intake of lipids.Repeat estimation with 72 hrs fat restricted diet followed by 12 hrs fasting, suggested for better evaluation .

**\*URIC ACID, BLOOD , GEL SERUM**

|                 |      |       |                 |         |
|-----------------|------|-------|-----------------|---------|
| URIC ACID,BLOOD | 7.52 | mg/dl | 3.4 - 7.0 mg/dl | URICASE |
|-----------------|------|-------|-----------------|---------|

**\*BILIRUBIN (DIRECT) , GEL SERUM**

|                    |      |       |             |               |
|--------------------|------|-------|-------------|---------------|
| BILIRUBIN (DIRECT) | 0.21 | mg/dL | < 0.2 mg/dl | DIAZOTIZATION |
|--------------------|------|-------|-------------|---------------|

**UREA,BLOOD**

|            |      |       |                 |                     |
|------------|------|-------|-----------------|---------------------|
| UREA,BLOOD | 20.0 | mg/dl | 12.8-42.8 mg/dl | UREASE-COLORIMETRIC |
|------------|------|-------|-----------------|---------------------|

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

|            |     |       |        |                   |
|------------|-----|-------|--------|-------------------|
| GLUCOSE,PP | 105 | mg/dl | 75-140 | Hexokinase Method |
|------------|-----|-------|--------|-------------------|

□



**DR. SANJAY KR. AGARWALA**  
MD CONSULTANT BIOCHEMIST



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[PDF Attached](#)

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

|                             |      |          |                                                                                                                                          |      |
|-----------------------------|------|----------|------------------------------------------------------------------------------------------------------------------------------------------|------|
| GLYCATED HEMOGLOBIN (HBA1C) | 5.0  | %        | ***FOR BIOLOGICAL REFERENCE INTERVAL DETAILS , PLEASE REFER TO THE BELOW MENTIONED REMARKS/NOTE WITH ADDITIONAL CLINICAL INFORMATION *** |      |
| HbA1c (IFCC)                | 31.0 | 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 glycemc targets**

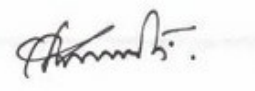
- Ø Patients should use self-monitoring of blood glucose (SMBG) and HbA1c levels to assess glycemc control.
- Ø The timing and frequency of SMBG should be tailored based on patients' individual treatment, needs, and goals.
- Ø Patients should undergo HbA1c testing at least twice a year if they are meeting treatment goals and have stable glycemc control.
- Ø If a patient changes treatment plans or does not meet his or her glycemc 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<sub>12</sub>/ 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.



**Dr. SUPARBA CHAKRABARTI**  
 MBBS, MD(BIOCHEMISTRY)  
 Consultant Biochemist

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

|                              |             |                      |                               |                                |
|------------------------------|-------------|----------------------|-------------------------------|--------------------------------|
| HEMOGLOBIN                   | 15.0        | g/dL                 | 13 - 17                       | PHOTOMETRIC                    |
| WBC                          | 6.4         | *10 <sup>3</sup> /μL | 4 - 10                        | DC detection method            |
| RBC                          | <b>5.93</b> | *10 <sup>6</sup> /μL | 4.5 - 5.5                     | DC detection method            |
| PLATELET (THROMBOCYTE) COUNT | 172         | *10 <sup>3</sup> /μL | 150 - 450*10 <sup>3</sup> /μL | DC detection method/Microscopy |

**DIFFERENTIAL COUNT**

|             |    |   |           |                          |
|-------------|----|---|-----------|--------------------------|
| NEUTROPHILS | 55 | % | 40 - 80 % | Flowcytometry/Microscopy |
| LYMPHOCYTES | 36 | % | 20 - 40 % | Flowcytometry/Microscopy |
| MONOCYTES   | 04 | % | 2 - 10 %  | Flowcytometry/Microscopy |
| EOSINOPHILS | 05 | % | 1 - 6 %   | Flowcytometry/Microscopy |
| BASOPHILS   | 00 | % | 0-0.9%    | Flowcytometry/Microscopy |

**CBC SUBGROUP**

|                                   |                         |       |                 |            |
|-----------------------------------|-------------------------|-------|-----------------|------------|
| HEMATOCRIT / PCV                  | 46.2                    | %     | 40 - 50 %       | Calculated |
| MCV                               | <b>78.0</b>             | fl    | 83 - 101 fl     | Calculated |
| MCH                               | <b>25.4</b>             | pg    | 27 - 32 pg      | Calculated |
| MCHC                              | 32.5                    | gm/dl | 31.5-34.5 gm/dl | Calculated |
| RDW - RED CELL DISTRIBUTION WIDTH | <b>15.9</b>             | %     | 11.6-14%        | Calculated |
| PDW-PLATELET DISTRIBUTION WIDTH   | 23.8                    | fL    | 8.3 - 25 fL     | Calculated |
| MPV-MEAN PLATELET VOLUME          | 11.3                    |       | 7.5 - 11.5 fl   | Calculated |
| RBC                               | MICROCYTIC HYPOCHROMIC. |       |                 |            |
| WBC.                              | NORMAL MORPHOLOGY..     |       |                 |            |
| PLATELET                          | ADEQUATE ON SMEAR.      |       |                 |            |

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

|         |    |       |                    |            |
|---------|----|-------|--------------------|------------|
| 1stHour | 12 | mm/hr | 0.00 - 20.00 mm/hr | Westergren |
|---------|----|-------|--------------------|------------|

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

|     |          |          |
|-----|----------|----------|
| ABO | A        | Gel Card |
| RH  | POSITIVE | Gel Card |

**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))**

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.

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Historical records check not performed.

\*URINE ROUTINE ALL, ALL , URINE

**PHYSICAL EXAMINATION**

COLOUR PALE YELLOW  
APPEARANCE CLEAR

**CHEMICAL EXAMINATION**

|                                     |          |               |                                                     |
|-------------------------------------|----------|---------------|-----------------------------------------------------|
| pH                                  | 5.0      | 4.6 - 8.0     | Dipstick (triple indicator method)                  |
| SPECIFIC GRAVITY                    | 1.015    | 1.005 - 1.030 | Dipstick (ion concentration method)                 |
| PROTEIN                             | ABSENT   | NOT DETECTED  | Dipstick (protein error of pH indicators)/Manual    |
| GLUCOSE                             | ABSENT   | NOT DETECTED  | Dipstick (glucose-oxidase-peroxidase method)/Manual |
| KETONES (ACETOACETIC ACID, ACETONE) | ABSENT   | NOT DETECTED  | Dipstick (Legals test)/Manual                       |
| BLOOD                               | NEGATIVE | 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)                              |
| LEUCOCYTE ESTERASE                  | NEGATIVE | NEGATIVE      | Dipstick (ester hydrolysis reaction)                |

**MICROSCOPIC EXAMINATION**

|                        |        |      |              |            |
|------------------------|--------|------|--------------|------------|
| LEUKOCYTES (PUS CELLS) | 0-1    | /hpf | 0-5          | Microscopy |
| EPITHELIAL CELLS       | 0-1    | /hpf | 0-5          | Microscopy |
| RED BLOOD CELLS        | ABSENT | /hpf | 0-2          | Microscopy |
| CAST                   | ABSENT |      | NOT DETECTED | Microscopy |
| CRYSTALS               | ABSENT |      | NOT DETECTED | Microscopy |
| BACTERIA               | FEW    |      | NOT DETECTED | Microscopy |
| YEAST                  | ABSENT |      | NOT DETECTED | Microscopy |
| 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 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. Ankush Chakraborty  
MBBS, MD (Path), IFCAP  
Reg. No. 65992 (WBMC)

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

|                                   |      |              |                         |      |
|-----------------------------------|------|--------------|-------------------------|------|
| T3-TOTAL (TRI IODOTHYRONINE)      | 1.20 | ng/ml        | 0.60 - 1.81 ng/ml       | CLIA |
| T4-TOTAL (THYROXINE)              | 7.3  | microgram/dl | 4.5 - 10.9 microgram/dl | CLIA |
| TSH (THYROID STIMULATING HORMONE) | 4.24 | μIU/mL       | 0.35-5.5μIU/mL          | CLIA |

**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.
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>.

**\*BILIRUBIN (TOTAL) , GEL SERUM**

|                   |      |       |                 |               |
|-------------------|------|-------|-----------------|---------------|
| BILIRUBIN (TOTAL) | 1.69 | mg/dL | 0.2 - 1.2 mg/dL | DIAZONIUM ION |
|-------------------|------|-------|-----------------|---------------|



**DR. BARNALI PAUL**  
**MBBS, MD(PATH)**

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## DEPARTMENT OF CARDIOLOGY

### REPORT OF E.C.G.

HEART RATE : 73 /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 2/7 mm.  
R/S in V6 8/1 mm.  
QRS AXIS : +45°  
Q- Waves : No significant Q-wave.  
QT TIME : Normal.  
ST SEGMENT : Normal.  
T WAVE : NORMAL  
ROTATION : Normal.  
OTHER FINDINGS : Nil.  
**IMPRESSION : ECG WITHIN NORMAL LIMIT.**

  
Dr. ARABINDA SAHA (MD,DM)  
CONSULTANT CARDIOLOGIST

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Lab Add. :  
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Collection Date:  
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**DEPARTMENT OF RADIOLOGY**  
**X-RAY REPORT OF CHEST (PA)**

**FINDINGS:**

- Cardiac size appears within normal limits. Margin is well visualised and cardiac silhouette is smoothly outlined. Shape is within normal limit.
- Lung parenchyma shows no focal lesion. No general alteration of radiographic density. Apices are clear. Bronchovascular lung markings are within normal.
- Lateral costo-phrenic angles are clear.
- Domes of diaphragm are smoothly outlined. Position is within normal limits.

**IMPRESSION :**

**Normal study.**

**DR. Ziaul Mustafa**  
MD, Radiodiagnosis



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## 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

Echogenicity 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 (94 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 104 mm. & Lt. kidney 111 mm) 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.

#### 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. **Shows a midline cyst measuring 6 mm.** Echotexture appears within normal limits. No focal alteration of its echogenicity could be detected.

It measures : 39 x 33 x 33 mm.

Approximate weight could be around = 23 gms.

#### IMPRESSION

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**Prostatic utricle cyst.**

**Please correlate clinically.**

**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. Ziaul Mustafa**  
MD, Radiodiagnosis

**Patient Data**

Sample ID: D02132224974  
 Patient ID: SR7919425  
 Name:  
 Physician:  
 Sex:  
 DOB:

**Analysis Data**

Analysis Performed: 23/JUL/2023 12:33:29  
 Injection Number: 10192U  
 Run Number: 253  
 Rack ID: 0006  
 Tube Number: 2  
 Report Generated: 23/JUL/2023 12:47:57  
 Operator ID: ANAMIKA

Comments:

| Peak Name | NGSP % | Area % | Retention Time (min) | Peak Area |
|-----------|--------|--------|----------------------|-----------|
| Unknown   | ---    | 0.1    | 0.111                | 2523      |
| A1a       | ---    | 0.7    | 0.160                | 12268     |
| A1b       | ---    | 1.8    | 0.224                | 30795     |
| LA1c      | ---    | 1.5    | 0.397                | 25054     |
| A1c       | 5.0    | ---    | 0.503                | 72347     |
| P3        | ---    | 3.2    | 0.779                | 53879     |
| P4        | ---    | 1.2    | 0.863                | 19864     |
| Ao        | ---    | 87.2   | 0.985                | 1476269   |

Total Area: 1,693,000

**HbA1c (NGSP) = 5.0 %**      HbA1c (IFCC) = 31 mmol/mol

