



Lab No.	: MRD/09-03-2024/SR8845085	Lab Add.	: Newtown,Kolkata-700156
Patient Name	: ABHISHEK ANAND	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 36 Y 1 M 21 D	Collection Date	: 09/Mar/2024 09:11AM
Gender	: M	Report Date	: 09/Mar/2024 11:41AM

**DEPARTMENT OF BIOCHEMISTRY**

Test Name	Result	Bio Ref. Interval	Unit
BILIRUBIN (DIRECT) , GEL SERUM (Method:Vanadate oxidation)	0.10	<0.2	mg/dL
SGOT/AST (Method:Modified IFCC)	32	13-40	U/L
POTASSIUM,BLOOD (Method:ISE INDIRECT)	4.10	3.5-5.5	mEq/L
CREATININE, BLOOD (Method:Jaffe, alkaline picrate, kinetic)	0.85	0.7-1.3	mg/dL
GLUCOSE,FASTING (Method:Gluc Oxidase Trinder)	100	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.

CALCIUM,BLOOD (Method:Arsenazo III)	9.50	8.7-10.4	mg/dL
URIC ACID,BLOOD (Method:Uricase/Peroxidase)	5.50	3.5-7.2	mg/dL
THYROID PANEL (T3, T4, TSH) , GEL SERUM			
T3-TOTAL (TRI IODOTHYRONINE) (Method:CLIA)	1.15	0.60-1.81 ng/ml	ng/ml
T4-TOTAL (THYROXINE) (Method:CLIA)	8.3	3.2-12.6	µg/dL
TSH (THYROID STIMULATING HORMONE) (Method:CLIA)	2.854	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:

- 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.
- 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



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DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
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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.

BILIRUBIN (TOTAL) , GEL SERUM			
BILIRUBIN (TOTAL) (Method:Vanadate oxidation)	0.70	0.3-1.2	mg/dL
SGPT/ALT (Method:Modified IFCC)	36	7-40	U/L
PHOSPHORUS-INORGANIC,BLOOD (Method:Phosphomolybdate/UV)	2.5	2.4-5.1 mg/dL	mg/dL
SODIUM,BLOOD (Method:ISE INDIRECT)	142	132 - 146	mEq/L
ALKALINE PHOSPHATASE (Method:IFCC standardization)	63	46-116	U/L
CHLORIDE,BLOOD (Method:ISE INDIRECT)	107	99-109	mEq/L

*** End Of Report ***

Dr NEEPA CHOWDHURY
MBBS MD (Biochemistry)
Consultant Biochemist
Reg No. WBMC 62456



Lab No.	: MRD/09-03-2024/SR8845085	Lab Add.	: Newtown,Kolkata-700156
Patient Name	: ABHISHEK ANAND	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 36 Y 1 M 21 D	Collection Date	: 09/Mar/2024 09:11AM
Gender	: M	Report Date	: 09/Mar/2024 12:37PM



DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
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UREA,BLOOD (Method:Urease with GLDH)	17.1	19-49	mg/dL
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GLYCATED HAEMOGLOBIN (HBA1C) , EDTA WHOLE BLOOD			
GLYCATED HEMOGLOBIN (HBA1C)	5.7	***FOR BIOLOGICAL REFERENCE INTERVAL DETAILS , PLEASE REFER TO THE BELOW MENTIONED REMARKS/NOTE WITH ADDITIONAL CLINICAL INFORMATION ***	%
HbA1c (IFCC) (Method:HPLC)	39.0		mmol/mol

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 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](#)

GLUCOSE,PP (Method:Gluc Oxidase Trinder)	96*	Impaired Glucose Tolerance-140 to 199. Diabetes>= 200.	mg/dL
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* Blood glucose level is maintained by a very complex integrated mechanism involving critical interplay of release of hormones and action of enzymes on key metabolic pathways resulting in a smooth transition normally from a high level of glucose influx following meal / glucose intake to a basal level after 2 – 3 hrs. or so. Excluding alimentary hypoglycemia, renal glycosuria, hereditary fructose intolerance and Galactosemia, the possible causes of post prandial reactive hypoglycemia (PRH) include high insulin sensitivity, exaggerated response of insulin and glucagon like peptide 1, defects in counter-regulation, very lean and /or anxious individuals, after massive weight reduction etc.

**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 :

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DEPARTMENT OF BIOCHEMISTRY

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

TOTAL PROTEIN [BLOOD] ALB:GLO RATIO , .			
TOTAL PROTEIN (Method:BIURET METHOD)	7.70	5.7-8.2 g/dL	g/dL
ALBUMIN (Method:BCG Dye Binding)	4.7	3.2-4.8 g/dL	g/dL
GLOBULIN (Method:Calculated)	3.00	1.8-3.2	g/dl
AG Ratio (Method:Calculated)	1.57	1.0-2.5	

LIPID PROFILE , GEL SERUM			
CHOLESTEROL-TOTAL (Method:Enzymatic)	162	Desirable: < 200 mg/dL Borderline high: 200-239 mg/dL High: > or =240 mg/dL	mg/dL
TRIGLYCERIDES (Method:GPO-Trinder)	152	Normal:: < 150, BorderlineHigh::150-199, High:: 200-499, VeryHigh::>500	mg/dL
HDL CHOLESTEROL (Method:Elimination/catalase)	40	< 40 - Low 40-59- Optimum 60 - High	mg/dl
LDL CHOLESTEROL DIRECT (Method:Elimination / Catalase)	108	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)	14	< 40 mg/dl	mg/dl
CHOL HDL Ratio (Method:Calculated)	4.0	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.

*** End Of Report ***



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Gender	: M	Report Date	: 09/Mar/2024 12:37PM



DEPARTMENT OF BIOCHEMISTRY

Test Name	Result	Bio Ref. Interval	Unit
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DR. ANANNYA GHOSH
MBBS, MD (Biochemistry)
Consultant Biochemist
Reg No. WBMC 73007



Lab No.	: MRD/09-03-2024/SR8845085	Lab Add.	: Newtown,Kolkata-700156
Patient Name	: ABHISHEK ANAND	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 36 Y 1 M 21 D	Collection Date	: 09/Mar/2024 09:11AM
Gender	: M	Report Date	: 09/Mar/2024 11:33AM



DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Bio Ref. Interval	Unit
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CBC WITH PLATELET (THROMBOCYTE) COUNT , EDTA WHOLE BLOOD			
HEMOGLOBIN (Method:PHOTOMETRIC)	14.3	13 - 17	g/dL
WBC (Method:DC detection method)	5.5	4 - 10	*10 ³ /μL
RBC (Method:DC detection method)	4.72	4.5 - 5.5	*10 ⁶ /μL
PLATELET (THROMBOCYTE) COUNT (Method:DC detection method/Microscopy)	167	150 - 450*10 ³	*10 ³ /μL
DIFFERENTIAL COUNT			
NEUTROPHILS (Method:Flowcytometry/Microscopy)	59	40 - 80 %	%
LYMPHOCYTES (Method:Flowcytometry/Microscopy)	30	20 - 40 %	%
MONOCYTES (Method:Flowcytometry/Microscopy)	06	2 - 10 %	%
EOSINOPHILS (Method:Flowcytometry/Microscopy)	04	1 - 6 %	%
BASOPHILS (Method:Flowcytometry/Microscopy)	01	0-0.9%	%
CBC SUBGROUP			
HEMATOCRIT / PCV (Method:Calculated)	44.8	40 - 50 %	%
MCV (Method:Calculated)	94.9	83 - 101 fl	fl
MCH (Method:Calculated)	30.3	27 - 32 pg	pg
MCHC (Method:Calculated)	31.9	31.5-34.5 gm/dl	gm/dl
RDW - RED CELL DISTRIBUTION WIDTH (Method:Calculated)	16.9	11.6-14%	%
PDW-PLATELET DISTRIBUTION WIDTH (Method:Calculated)	25.8	8.3 - 25 fL	fL
MPV-MEAN PLATELET VOLUME (Method:Calculated)	12.6	7.5 - 11.5 fl	

ESR (ERYTHROCYTE SEDIMENTATION RATE) , EDTA WHOLE BLOOD			
1stHour (Method:Westergren)	35	0.00 - 20.00 mm/hr	mm/hr

*** End Of Report ***

Bidisha Chakraborty

Dr. Bidisha Chakraborty
Consultant Pathologist
MD, DNB (Pathology)
Dip RC Path(UK)
Reg No. WBMC 73067



Lab No.	: MRD/09-03-2024/SR8845085	Lab Add.	: Newtown,Kolkata-700156
Patient Name	: ABHISHEK ANAND	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 36 Y 1 M 21 D	Collection Date	: 09/Mar/2024 09:11AM
Gender	: M	Report Date	: 09/Mar/2024 01:44PM



DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Bio Ref. Interval	Unit
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BLOOD GROUP ABO+RH [GEL METHOD] , EDTA WHOLE BLOOD			
ABO (Method:Gel Card)	B		
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 ***

MD (PATHOLOGY)
CONSULTANT PATHOLOGIST
Reg No. WBMC 66405

Lab No. : MRD/09-03-2024/SR8845085
Patient Name : ABHISHEK ANAND
Age : 36 Y 1 M 21 D
Gender : M

Lab Add. :
Ref Dr. : Dr.MEDICAL OFFICER
Collection Date :
Report Date : 09/Mar/2024 03:41PM



DEPARTMENT OF X-RAY

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

FINDINGS :

Lung parenchyma shows no focal lesion. No general alteration of radiographic density. Apices are clear. Bronchovascular lung markings are within normal.

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.

Cardiac size appears within normal limits.

Bony thorax reveals no definite abnormality.

IMPRESSION:

Normal study.

ADV: Clinical correlation and further relevant investigation.

Kindly note

Please Intimate us for any typing mistakes and send the report for correction within 7 days.

*** End Of Report ***

DR. SUBRATA SANYAL
MBBS (CAL), DMRD (CAL).
CONSULTANT SONOLOGIST AND RADIOLOGIST.

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Patient Name	: ABHISHEK ANAND	Ref Dr.	: Dr.MEDICAL OFFICER
Age	: 36 Y 1 M 21 D	Collection Date	: 11/Mar/2024 09:28AM
Gender	: M	Report Date	: 11/Mar/2024 01:04PM

**DEPARTMENT OF CLINICAL PATHOLOGY**

Test Name	Result	Bio Ref. Interval	Unit
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URINE ROUTINE ALL, ALL , URINE**PHYSICAL EXAMINATION**

COLOUR PALE YELLOW
 APPEARANCE SLIGHTLY HAZY

CHEMICAL EXAMINATION

pH (Method:Dipstick (triple indicator method))	7.0	4.6 - 8.0	
SPECIFIC GRAVITY (Method:Dipstick (ion concentration method))	1.005	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)	0-1	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)	NOT DETECTED	NOT DETECTED	
YEAST (Method:Microscopy)	NOT DETECTED	NOT DETECTED	

Note:

- All urine samples are checked for adequacy and suitability before examination.
- Analysis by urine analyzer of dipstick is based on reflectance photometry principle. Abnormal results of chemical examinations are confirmed by manual methods.
- The first voided morning clean-catch midstream urine sample is the specimen of choice for chemical and microscopic analysis.
- Negative nitrite test does not exclude urinary tract infections.
- Trace proteinuria can be seen in many physiological conditions like exercise, pregnancy, prolonged recumbency etc.
- 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.
- 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.
- 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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DEPARTMENT OF CLINICAL PATHOLOGY

Test Name	Result	Bio Ref. Interval	Unit
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and/or yeast in the urine.

*** End Of Report ***

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

Lab No. : MRD/09-03-2024/SR8845085
Patient Name : ABHISHEK ANAND
Age : 36 Y 1 M 21 D
Gender : M

Lab Add. :
Ref Dr. : Dr.MEDICAL OFFICER
Collection Date :
Report Date : 09/Mar/2024 12:38PM



DEPARTMENT OF CARDIOLOGY

DEPARTMENT OF CARDIOLOGY
REPORT OF E.C.G.

DATA

HEART RATE : 58 bpm
PR INTERVAL : 134 ms
QRS DURATION : 100 ms
QT INTERVAL : 402 ms
QTC INTERVAL : 394 ms

AXIS

P WAVE : 28 degree
QRS WAVE : 59 degree
T WAVE : 25 degree

IMPRESSION : **Sinus bradycardia.**
Otherwise normal ECG.

*** End Of Report ***

ACRay

Dr. A C RAY
Department of Non-invasive
Cardiology

Lab No. : MRD/09-03-2024/SR8845085
Patient Name : ABHISHEK ANAND
Age : 36 Y 1 M 21 D
Gender : M

Lab Add. :
Ref Dr. : Dr.MEDICAL OFFICER
Collection Date :
Report Date : 09/Mar/2024 05:35PM



DEPARTMENT OF ULTRASONOGRAPHY

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 (5.2 mm) with no intraluminal pathology (Calculi /mass) could be detected at its visualised part. Portal vein is normal (8.7 mm) at porta.

GALL BLADDER

Gallbladder is physiologically distended. Wall thickness appears normal. No intraluminal pathology (Calculi/mass) could be detected. SonographicMurphys 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 (80 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 100 mm. & Lt. kidney 98 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 be detectable. It measures : 39 mm. x 31 mm. x 26 mm. Approximate weight could be around = 17.04 gms.

IMPRESSION

Sonographic study of Whole abdomen does not reveal any significant abnormality.

Kindly note

- 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.

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Age : 36 Y 1 M 21 D
Gender : M

Lab Add. :
Ref Dr. : Dr.MEDICAL OFFICER
Collection Date :
Report Date : 09/Mar/2024 05:35PM



DEPARTMENT OF ULTRASONOGRAPHY

A handwritten signature in black ink, appearing to be 'K. Das'.

Dr. Kasturi Das
MD
CONSULTANT RADIOLOGIST

Patient Data

Sample ID: D02135570270
 Patient ID: SR8845085
 Name: ABHISHEK ANAND
 Physician:
 Sex: M
 DOB:

Analysis Data

Analysis Performed: 03/09/2024 11:25:44
 Injection Number: 11075
 Run Number: 241
 Rack ID:
 Tube Number: 1
 Report Generated: 03/09/2024 11:54:31
 Operator ID: ASIT

Comments:

Peak Name	NGSP %	Area %	Retention Time (min)	Peak Area
Unknown	---	0.1	0.111	3052
A1a	---	0.9	0.159	18867
A1b	---	1.0	0.223	21842
F	---	0.8	0.270	18653
LA1c	---	1.9	0.388	41127
A1c	5.7	---	0.489	104692
P3	---	3.4	0.768	75113
P4	---	1.2	0.853	27160
Ao	---	86.0	0.980	1904834

Total Area: 2,215,341

HbA1c (NGSP) = 5.7 % HbA1c (IFCC) = 39 mmol/mol

