

Name	M SRIKANTH	Order	PTGOC2700356343
Age / Sex	37 years / Male	Sample Drawn	06-Jul-26 / 11:22 AM
Contact	9121863676	Sample Accepted	06-Jul-26 / 02:42 PM
Collection Centre	MHTGHYD00005	Sample Reported	06-Jul-26 / 04:31 PM
Referral Doctor	Self	Report Status	Provisional



MDx Diabetes Advanced

Hemoglobin A1c
SampleType: Whole Blood EDTA

Department of Clinical Biochemistry

INVESTIGATION	RESULT	UNITS	BIOLOGICAL REFERENCE INTERVAL
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Hemoglobin A1c**6.1**

%

0-5.7

Method: HPLC

Interpretation of Results

Result (%)	Interpretation
< 5.7 (<39 mmol/mol)	: Normal
5.7 - 6.4 (39-47 mmol/mol)	: Prediabetes
>=6.5 (48 mmol/mol)	: Diabetes

Glycemic Control in Diabetic Patients

Result (%)	Interpretation
< 7.0	Good control
7.0 -8.0	Inadequate control
> 8.0	Poor control

Note:

- Presence of Hemoglobin variants and/or conditions that affect red cell turnover must be considered, particularly when the HbA1C result does not correlate with the patient's blood glucose levels.
- Glycemic goal should be individualized based on duration of diabetes, age/life expectancy, comorbid conditions, known CVD or advanced microvascular complications, hypoglycaemia unawareness and individual patient considerations.

Clinical significance

- This test is diagnostic in a patient with classic symptoms of hyperglycemia or Hyperglycemic crisis.
- **HbA1c is used for monitoring diabetic control. It reflects the mean plasma glucose over 8-12 weeks.**
- Trends in HbA1c are a better indicator of diabetic control than a solitary test.
- Any sample with >15% HbA1c should be suspected of having a hemoglobin variant, especially in a non-diabetic patient.
- Results below 4% should prompt additional studies to determine the possible presence of variant hemoglobin.
- **Values may not be comparable with different methodologies and even different laboratories using same methodology.**
- HbA1c target in pregnancy is to attain level <6 % .

Reference : American Diabetes Association (ADA) - Standards of Medical Care in Diabetes 2022


J Abraham
Verified by

Dr G Srinivas
Director-Lab Services &
Chief Pathologist
Regd no:
TSMC-49913

END OF THE REPORT

Note: Please contact us for possible remedial action if test results are unexpected.

 Abnormal
 * Critical

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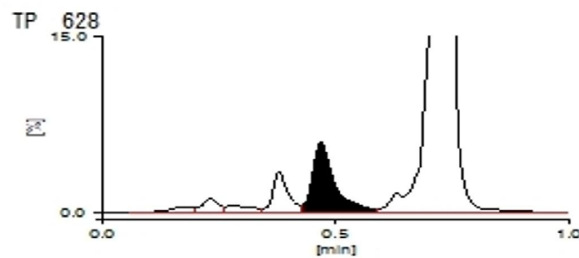
Department of Clinical Biochemistry

Chromatogram Report

G11 V03.10 2026/07/06 16:11:14
 ID 18732867
 Sample No. 2026070616160285 SL 0005 - 09
 Patient ID
 Name
 Comment

CALIB (N)			
Name	%	Time	Area
FP			
A1A	0.4	0.17	6.45
A1B	0.7	0.23	11.30
F	0.6	0.28	8.70
LA1C+	1.9	0.38	29.14
SA1C	6.1	0.47	73.50
A0	92.1	0.72	1402.45
H-VAR			

Total Area 1531.55

HbA1c 6.1 %HbF 0.6 %

06/07/2026 4:11:15 PM MEDPLUS

1 / 1

MEDPLUS
BALANAGAR

Note: Please contact us for possible remedial action if test results are unexpected.



Abnormal



* Critical



Conditions of Reporting

1. Laboratory reports will aid in diagnosis of clinical conditions in conjunction with clinical signs, symptoms and related investigations. They are best interpreted by qualified medical professionals who understand reporting units, reference ranges and limitations of technologies and their correlation with other clinical findings.
2. The interpretations provided by MedPlus are for the guidance of patients and referring doctors. MedPlus nor its affiliates assume any liability or responsibility for any damage of any nature whatsoever that may be incurred in any person as a result of the use of the information provided in the report.
3. It is presumed that the test(s) performed are, on the specimen(s)/sample(s) belonging to the patient named or identified and the verification of the particulars have been carried out by the patient or his/her representative at the point of generation of the said specimen(s) or sample(s).
4. The results of tests may vary from lab to lab and also from time to time for the same parameters for the same patient. Assays are performed with reasonable care and in accordance with standard procedures. The reported results are dependent on individual assay methods, equipment used, method specificity, sensitivity, drug interaction and the quality of the specimen(s)/samples(s) received.
5. Should the results indicate unexpected abnormality, the same should be reconfirmed after appropriate clinical correlation.
6. Histopathology specimen(s)/sample(s) will be preserved for one month from the date of testing and slides/reports will be preserved for five years. Other clinical specimen(s)/sample(s) will be discarded after seven days from the date of testing, unless otherwise specified by the client. Such preservation shall be subject to sample integrity.
7. Preliminary Report, if any indicates that the results are primary and they are yet to be reported for one or more of the tests, or else, as in case with many microbiology test, a "final" culture, identification or drug susceptibility result might be pending. When all results are available the "Preliminary report" will be replaced by "Final Report". Client shall rely only on the final report.
8. This report is not valid for Medico-legal purposes.
9. Tests are performed as per the test schedule in the test listing. In unforeseen circumstances such as non-availability of relevant kits, instrument breakdown, natural calamities etc, tests may not be reported as per schedule.
10. The sex of the foetus will not be revealed as per the prenatal diagnostic techniques (PNDT) Act, 1994.
11. All queries pertaining to this report should be directed to MedPlus Health Services Limited
12. All investigations are limited by the sensitivity and specificity of the assay and the condition of the specimen received by the laboratory. Assay result should be interpreted only in the context of other clinical findings and the clinical status of the patient.
13. Partial reproduction of this report is not permitted.

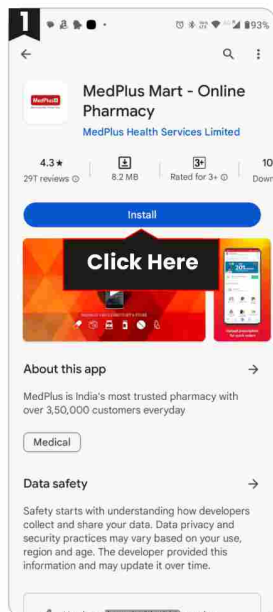
Accreditation

NABL accreditation signifies that a laboratory meets international quality standards and is competent to provide accurate and reliable test results. NABL accreditation is awarded to those laboratory's whose testing and calibration services are of high quality.

IMPORTANT

You can ask for a copy of the NABL certification of MedPlus Diagnostics. Please email: wecare@medplusindia.com

Follow these steps to see all results from last 1 year, in one table

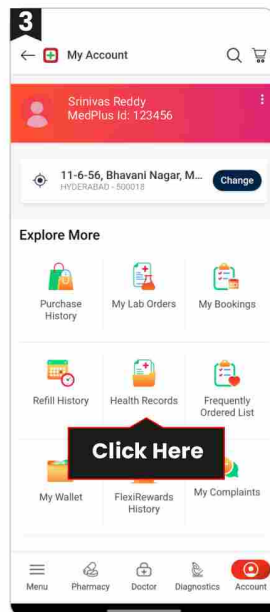


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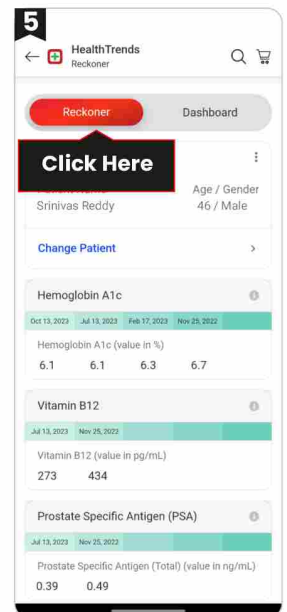


In this section, "Explore More", click on "Health Records".



In this section you can access visit/ test reports.

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Click on "Reckoner", to see the test-wise tabulation of your lab results, from past and current visits.

Vaccines at MedPlus: One shot today, Smile away

Vaccine	Who should take it?	You should know	If already immunized
Diphtheria Toxoid	For all except if contraindicated	Mortality rate for untreated diphtheria can be as high as 10% to 20%	Age grp: 18 to 64yrs Booster: Once every 10yrs till the age of 65yrs
HPV	For all except if contraindicated (both male and female)	HPV can lead to cancer (cervical cancer being the most common)	No booster needed
Influenza	For all (especially for individuals at high risk)	Pneumonia is one of the common complications of influenza	Annual dose
Tetanus	For all except if contraindicated	Mortality rate for unvaccinated or poorly vaccinated population is 30%	Booster dose once every 10yrs
Typhoid	For all except if contraindicated	Mortality rate for untreated typhoid fever is 10-30%	Booster dose once every 3yrs
Varicella	For all who are not immune	10% of individuals with Varicella experience secondary bacterial infections	Recommended only if titers are inadequate
Zoster	For all > 50yrs or individuals at high risk		No booster needed
Pneumococcal (PCV15, PCV20, PPSV23)	For all > 65yrs or individuals at high risk		No booster needed
Anti-Rabies	Individuals at high-risk (like Vet physician and pet owners) or post-exposure		2 doses at Day 0 and Day 3 with no immunoglobulin when exposed
Hepatitis A	Individuals at high risk		No booster needed
Hepatitis B	Individuals at risk	Hepatitis B virus is a leading cause of liver cancer globally	Recommended only if titers are inadequate
Measles	Individuals at high risk		Single dose (recommended only if titers are inadequate)
Meningococcal (Grp A, C, Y, W)	Individuals at high risk		Booster dose once every 5yrs

Feedback and Result Queries

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RECOMMENDED LIFESTYLE-DISEASES ASSESSMENT TESTS

Dr. Venkat Nageshwar Goud

MBBS, DMRD

HOD - Radiology & Chief Radiologist



1

ESSENTIAL INSIGHT INTO YOUR BODY COMPOSITION

BODY FAT ANALYSIS (DEXA)

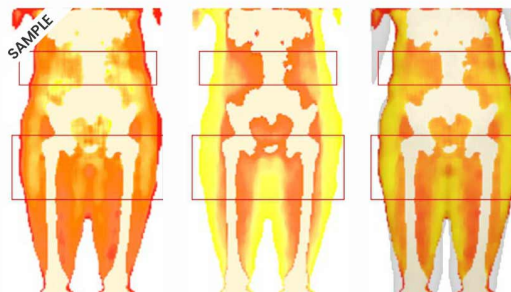
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→ ANDROID

→ GYNOID

11.2
kgs

FAT MASS

14.9
kgs

LEAN MASS

0.4
kgs

BONE MINERAL

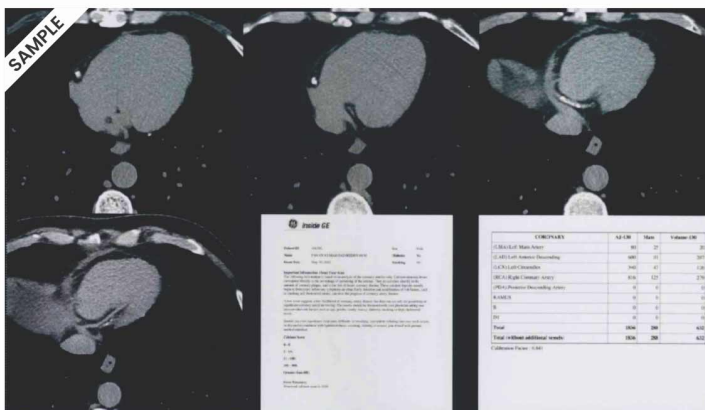
Android refers to the midsection of the torso, in the waist area, under the rib cage

Gynoid refers to the lower torso, in the hip area, down to the top of the thighs

FOR ANDROID AND GYNOID REGIONS

2

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