

292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003

Phone: 0522-4062223, 9305548277, 8400888844 9415577933, 9336154100, Tollfree No.: 8688360360

E-mail: charak1984@gmail.com

CMO Reg. No. RMEE 2445133 NABLReg. No. MC-2491 Certificate No. MIS-2023-0218

: Ms.JAIBUN NISHA Patient Name

Age/Gender : 69 Y/F

Lab No : 10134953

Referred By : Dr.KGMU Refer Lab/Hosp : CHARAK NA

Doctor Advice : HBA1C (EDTA),PP,FASTING,T3T4TSH

Visit No : CHA250037658

Registration ON : 02/Mar/2025 12:12PM

Sample Collected ON : 02/Mar/2025 12:13PM

: 02/Mar/2025 01:23PM Sample Received ON

Report Generated ON : 02/Mar/2025 03:20PM

Test Name	Result	Unit	Bio. Ref. Range	Method
HBA1C				
Glycosylated Hemoglobin (HbA1c)	7.2	%	4 - 5.7	HPLC (EDTA)

## NOTE:-

P.R.

Glycosylated Hemoglobin Test (HbA1c)is performed in this laboratoryby the Gold Standard Reference method,ie:HPLC Technology(High performance Liquid Chromatography D10) from Bio-Rad Laboratories. USA.

## EXPECTED (RESULT) RANGE:

Bio system Degree of normal 4.0 - 5.7 % Normal Value (OR) Non Diabetic 5.8 - 6.4 % Pre Diabetic Stage > 6.5 % Diabetic (or) Diabetic stage 6.5 - 7.0 % Well Controlled Diabet 7.1 - 8.0 % **Unsatisfactory Control** > 8.0 % Poor Control and needs treatment

CHARAK



**PATHOLOGIST** 

DR. ADITI D AGARWAL



292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003

Phone: 0522-4062223, 9305548277, 8400888844 9415577933, 9336154100, Tollfree No.: 8688360360

E-mail: charak1984@gmail.com

CMO Reg. No. RMEE 2445133 NABLReg. No. MC-2491 Certificate No. MIS-2023-0218

Patient Name : Ms.JAIBUN NISHA

Age/Gender : 69 Y/F

Lab No : 10134953

Referred By : Dr.KGMU Refer Lab/Hosp : CHARAK NA

P.R.

Doctor Advice : HBA1C (EDTA),PP,FASTING,T3T4TSH

Visit No : CHA250037658

Registration ON : 02/Mar/2025 12:12PM

: 02/Mar/2025 12:13PM Sample Collected ON

: 02/Mar/2025 02:24PM Sample Received ON

Report Generated ON : 02/Mar/2025 03:29PM

Test Name	Result	Unit	Bio. Ref. Range	Method	
FASTING					
Blood Sugar Fasting	120.7	mg/dl	70 - 110	Hexokinase	
PP					
Blood Sugar PP	201.0	mg/dl	up to - 170	Hexokinase	









**PATHOLOGIST** 



292/05, Tulsidas Marg, Basement Chowk, Lucknow-226 003

Phone: 0522-4062223, 9305548277, 8400888844 9415577933, 9336154100, Tollfree No.: 8688360360

E-mail: charak1984@gmail.com

CMO Reg. No. RMEE 2445133 NABLReg. No. MC-2491 Certificate No. MIS-2023-0218

Patient Name : Ms.JAIBUN NISHA

Age/Gender : 69 Y/F

Lab No : 10134953

Referred By : Dr.KGMU Refer Lab/Hosp : CHARAK NA

Doctor Advice : HBA1C (EDTA),PP,FASTING,T3T4TSH

Visit No : CHA250037658

Registration ON : 02/Mar/2025 12:12PM

Sample Collected ON : 02/Mar/2025 12:13PM

Sample Received ON : 02/Mar/2025 12:36PM

Report Generated ON : 02/Mar/2025 01:26PM



Test Name	Result	Unit	Bio. Ref. Range	Method
T3T4TSH				
T3	2.17	nmol/L	1.49-2.96	ECLIA
T4	154.16	n mol/l	63 - 177	ECLIA
TSH	1.03	uIU/ml	0.47 - 4.52	ECLIA

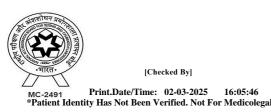
## Note

PR.

- (1) Patients having low T3 & T4 levels but high TSH levels suffer from primary hypothyroidism, cretinism, juvenile mysedema or autoimmune disorders.
- (2) Patients having low T3 & T4 levels but high TSH levels suffer from grave~s disease, toxic adenoma or sub-acute thyroiditis.
- (3) Patients having either low or normal T3 & T4 levels but low TSH values suffer from iodine deficiency or secondary
- (4) Patients having high T3 & T4 levels but normal TSH levels may suffer from toxic multinodular goitre. This condition is mostly asymptomatic and may cause transient hyperthyroidism but no persistent symptoms.
- (5) Patient with high or normal T3 & T4 levels and low or normal TSH levels suffer either from T3 toxicosis or T4 Toxicosis respectively.
- (6) In patients with non thyroidal illness abnormal test results are not necessarily indicative of thyroidism but may be due to adaptation to the cacabolic state and may revert tonormal when the patient recovers.
- (7) There are many drugs for eg.Glucocorticoids ,dopamine,Lithium,iodides ,oral radiographic dyes,ets.Which may affect the thyroid function tests.
- (8) Generally when total T3& T4 results are indecisive then Free T3 & Free T4 test are recommended for further confirmation

(1 Beckman DxI-600 2. ELECTRO-CHEMILUMINISCENCE TECHINIQUE BY ELECSYSYS -E411)

**End Of Report** 







16:05:46

**PATHOLOGIST**