

Name	: DUMMY-1	Collected	: 9/3/2018 12:00:00AM
Lab No.	: 139242050	Received	: 9/3/2018 3:59:52PM
Age:	Unknown	Reported	: 10/3/2018 2:47:36PM
Gender:	Unknown	Report Status	: Final
A/c Status	: P	Ref By	: Dr. UNKNWON

Test Name	Results	Units	Bio. Ref. Interval
Sugar Risk Panel			
HOMA IR; Insulin Resistance Index (Hexokinase, CMIA)			
Glucose Plasma, Fasting	80.00	mg/dL	70.00 - 100
Insulin, Serum , Fasting	22.00		
Beta Cell Function (%B)	102.00	%	
Insulin Sensitivity (%S)	88.00	%	
HOMA IR Index	1.20		<2.50

Note

1. As insulin secretion is pulsatile, it is recommended to take mean of three samples at 5 minute intervals to compute HOMA accurately.
2. This assay cannot be used to assess beta cell function in those taking exogenous insulin. In such patients HOMA-IR, C-peptide Model is recommended.
3. The HOMA IR calculator version 2.2 accepts values only in following validated ranges, Insulin (2.9-57.6uU/mL) and Glucose (54.1-450.5 mg/dL).

Comment

Homeostatic model assessment (HOMA) is a method for assessing beta cell function (%B) and insulin sensitivity (%S) from fasting glucose and insulin concentrations. HOMA can be used to track changes in insulin sensitivity and beta cell function to examine natural history of diabetes. Insulin sensitivity is reduced in normal subjects having first degree relative with type 2 diabetes compared with control subjects. Changes in beta cell sensitivity in subjects on insulin secretagogues may be useful in determining beta cell function over a period.

Usage

- To assess risk of developing diabetes
- To assess response to treatment



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Test Name	Results	Units	Bio. Ref. Interval
HbA1c (GLYCOSYLATED HEMOGLOBIN), BLOOD (HPLC, NGSP certified)	5.0		

Interpretation

As per American Diabetes Association (ADA)	
Reference Group	HbA1c in %
Non diabetic adults >=18 years	<5.7
At risk (Prediabetes)	5.7 - 6.4
Diagnosing Diabetes	>= 6.5
Therapeutic goals for glycemic control	Age > 19 years . Goal of therapy: < 7.0 . Action suggested: > 8.0
	Age < 19 years . Goal of therapy: <7.5

- Note:** 1. Since HbA1c reflects long term fluctuations in the blood glucose concentration, a diabetic patient who is recently under good control may still have a high concentration of HbA1c. Converse is true for a diabetic previously under good control but now poorly controlled .
2. Target goals of < 7.0 % may be beneficial in patients with short duration of diabetes, long life expectancy and no significant cardiovascular disease. In patients with significant complications of diabetes, limited life expectancy or extensive co-morbid conditions, targeting a goal of < 7.0 % may not be appropriate.

Comments

HbA1c provides an index of average blood glucose levels over the past 8 - 12 weeks and is a much better indicator of long term glycemic control as compared to blood and urinary glucose determinations.

ADA criteria for correlation between HbA1c & Mean plasma glucose levels

HbA1c(%)	Mean Plasma Glucose (mg/dL)
6	126
7	154
8	183



LPL - LPL-ROHINI (NATIONAL REFERENCE
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Test Name	Results	Units	Bio. Ref. Interval
9	212		
10	240		
11	269		
12	298		



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-----End of report-----

