

|                                     |                                                   |
|-------------------------------------|---------------------------------------------------|
| <b>Patient Name</b> : Baby. VANYA   | <b>Specimen Drawn ON</b> : 11/Sep/2026 12:00PM    |
| <b>Age/Gender</b> : 5 YRS /F        | <b>Specimen Received ON</b> : 11/Sep/2026 01:16PM |
| <b>UHID/MR No</b> : ADEL.0005609740 | <b>Report Date</b> : 11/Sep/2026 02:06PM          |
| <b>Barcode No</b> : AA1760541       | <b>Client Code</b> : DL2791                       |
| <b>Ref Doctor</b> : Dr.SELF         | <b>Visit ID</b> : MDEL5614246                     |
| <b>Ref Customer</b> : SELF          | <b>Client Name</b> : CRL COLLECTION POINT (J.K)   |

| DEPARTMENT OF HAEMATOLOGY |        |      |                 |        |
|---------------------------|--------|------|-----------------|--------|
| Test Name                 | Result | Unit | Bio. Ref. Range | Method |

|                                       |       |          |                                                                                                      |            |
|---------------------------------------|-------|----------|------------------------------------------------------------------------------------------------------|------------|
| <b>HBA1C</b>                          |       |          |                                                                                                      |            |
| <b>Sample Type : WHOLE BLOOD EDTA</b> |       |          |                                                                                                      |            |
| <b>HbA1c (ngsp)</b>                   | 5.4   | %        | Non diabetic adults >=18 years<br><5.7~At risk (Prediabetes) 5.7 -<br>6.4~Diagnosing Diabetes >= 6.5 |            |
| <b>HbA1c (IFCC)</b>                   | 35.43 | mmol/mol |                                                                                                      | HPLC       |
| <b>Estimated Average Glucose</b>      | 108.3 | mg/dl    |                                                                                                      | Calculated |

**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      |

**Note:**

- 1, Since HbA1c reflects long term fluctuation 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 properly 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 ,limit life expectancy or extensive co-morbid conditions, targeting a goal of <7.0 % may not be appropriate.

**Comment :**

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.

  
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DEPARTMENT OF HAEMATOLOGY

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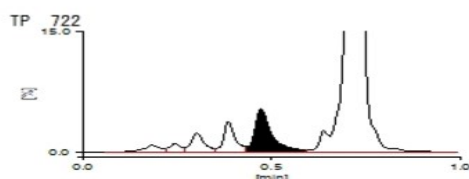
Chromatogram Report

G11-I (3511) 2026/09/11 13:56:53  
ID AA1760541  
Sample No. 2026091113540225 SL 0001 - 04  
Patient ID  
Name  
Comment

| CALIB (N)  | Y = 1.1685X + 0.5307 |
|------------|----------------------|
| Name       | % Time Area          |
| FP         |                      |
| A1A        | 0.7 0.18 6.97        |
| A1B        | 0.5 0.24 5.15        |
| F          | 1.4 0.30 14.26       |
| LA1C+      | 2.0 0.38 19.28       |
| SA1C       | 5.4 0.47 41.08       |
| AO         | 92.6 0.72 909.51     |
| H-VAR      |                      |
| Total Area | 996.25               |

HbA1c 5.4 %

HbF 1.4 %



9/11/2026 2:00:22 PM CRL

CRL  
Paschim Vihar, Delhi

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| <b>UHID/MR No</b> : ADEL.0005609740 | <b>Report Date</b> : 11/Sep/2026 03:53PM          |
| <b>Barcode No</b> : AA1753658       | <b>Client Code</b> : DL2791                       |
| <b>Ref Doctor</b> : Dr.SELF         | <b>Visit ID</b> : MDEL5614246                     |
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**DEPARTMENT OF IMMUNOASSAY**

| Test Name                                | Result | Unit   | Bio. Ref. Range | Method                        |
|------------------------------------------|--------|--------|-----------------|-------------------------------|
| <b>INSULIN (RANDOM) - HORMONE ASSAYS</b> |        |        |                 |                               |
| <b>Sample Type : Serum-R</b>             |        |        |                 |                               |
| Insulin Level [Random]                   | 9.51   | uIU/ml | Not Established | Chemiluminescence Immunoassay |

**Reference Ranges**

|                             |          |
|-----------------------------|----------|
| Fasting Insulin             | 2.6-24.9 |
| Post Prandial Ranges 30 min | 20-112   |
| 60 min                      | 29-88    |
| 90 min                      | 26-84    |
| 120 min                     | 22-79    |

Insulin levels are most frequently ordered following an abnormal glucose test and/or when patient has acute or chronic symptoms of hypoglycemia, such as sweating, palpitations, hunger, confusion, blurred vision, dizziness, fainting, and seizures (although these can be caused by other conditions along with low blood glucose). Insulin and C-peptide are produced by the body at the same rate as part of the activation and division of proinsulin in the pancreas. Both may be ordered to evaluate how much insulin in the blood is due to endogenous production (what your body is making) and how much is from exogenous (produced outside the body) sources. Insulin tests will reflect the total, while C-peptide will reflect only the endogenous insulin. Your doctor also may order both tests to verify that an insulinoma has been successfully removed. If you are one of the few people who have received an islet cell transplant to restore your insulin-producing capability, your insulin level may be monitored to determine whether or not this procedure is successful over time.

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| Test Name                         | Result | Unit   | Bio. Ref. Range | Method                               |
| <b>THYROID PROFILE FREE</b>       |        |        |                 |                                      |
| <b>Sample Type : SERUM</b>        |        |        |                 |                                      |
| Free Triiodothyronine (FT3)       | 3.11   | pg/ml  | 2.47-4.69       | Chemiluminescence Immunoassay (CLIA) |
| Free Thyroxine (FT4)              | 0.81   | ng/dL  | 0.65-1.40       | Chemiluminescence Immunoassay (CLIA) |
| Thyroid Stimulating Hormone (TSH) | 0.781  | uIU/mL | 0.70-6.40       | Chemiluminescence Immunoassay (CLIA) |

### Clinical Relevance

**FT<sub>3</sub> (Free Triiodothyronine or Free 3,5,3'-L-triiodothyronine or Free T<sub>3</sub>)** - Total T<sub>3</sub> is a hormone synthesized and secreted from the thyroid gland, and formed by peripheral deiodination of thyroxine (T<sub>4</sub>). In the circulation, 99.7% of T<sub>3</sub> is reversibly bound to transport proteins, primarily thyroxine binding globulin (TBG) and to a lesser extent albumin and pre albumin. The unbound fraction of the total T<sub>3</sub> concentration is called **free triiodothyronine (free T<sub>3</sub>, FT<sub>3</sub>)**. Free T<sub>3</sub> is metabolically active and correlates with T<sub>3</sub> secretion and metabolism. In hypothyroidism and hyperthyroidism, free T<sub>3</sub> levels parallel changes in total T<sub>3</sub> levels. However, measuring free T<sub>3</sub> is useful when altered levels of total T<sub>3</sub> occur due to changes in T<sub>3</sub> binding proteins, especially TBG. TBG levels remain relatively constant in healthy individuals.

**FT<sub>4</sub> (Free Thyroxine or 3,5,3',5'-tetraiodothyronine or Free T<sub>4</sub>)** - Total T<sub>4</sub> is a hormone synthesized and secreted by the thyroid gland and plays an important role in regulating metabolism. In the circulation, 99.95% of T<sub>4</sub> is reversibly bound to transport proteins, primarily thyroxine binding globulin (TBG) and to a lesser extent albumin and thyroxine-binding prealbumin (TBPA). This unbound fraction (**FT<sub>4</sub>**), is both metabolically active and a precursor to triiodothyronine (T<sub>3</sub>). Free T<sub>4</sub> levels correlate with T<sub>4</sub> secretion and metabolism. In hypothyroidism and hyperthyroidism, FT<sub>4</sub> levels parallel changes in total T<sub>4</sub> levels. Measuring free T<sub>4</sub> is useful when altered levels of total T<sub>4</sub> occur due to changes in T<sub>4</sub> binding proteins, especially TBG. TBG levels remain relatively constant in healthy individuals.

**\*TSH IS DONE BY ULTRASENSITIVE 4th GENERATION CHEMIFLEX ASSAY**

**\*COMMENTS-** Assay results should be interpreted in context to the clinical condition and associated results of other investigations. Previous treatment with corticosteroid therapy may result in lower TSH levels while thyroid hormone levels are normal. Results are invalidated if the client has undergone a radionuclide scan within 7-14 days before the test. Abnormal thyroid test findings often found in critically ill clients should be repeated after the critical nature of the condition is resolved. The production, circulation, and disintegration of thyroid hormones are altered throughout the stages of pregnancy.

\*\*\* End Of Report \*\*\*

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