

Auburn Montgomery Student Health Services

7461 East Dr
Montgomery, AL 36117
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Laboratory Results**Patient Name:** CYNTHIA BAKER**Order Date:** 05/09/2024**MRN:** 5272**DOB:** 01/04/1965**Phone:** (256) 880-2537**Gender:** FEMALE**Placer Order ID:** 0002508**Physician:** BARTON**Filler Order ID:** AZ154791H**Physician ID:** 1215285879**Specimen Date:** 05/09/2024 7:33 AM**Fasting:****Result Date:** 05/10/2024 6:53 AM**Disposition:****Specimen Source:** SOURCE, UNSPECIFIED**HEMOGLOBIN A1C**

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STATUS: FINAL

<u>Test Name</u>	<u>Abnormal</u>	<u>Result Value</u>	<u>Unit of Measure</u>	<u>Ref Range</u>	<u>Status</u>	<u>Producer ID</u>
HEMOGLOBIN A1C	H	6.2	% of total Hgb	<5.7	F	AT

For someone without known diabetes, a hemoglobin A1c value between 5.7% and 6.4% is consistent with prediabetes and should be confirmed with a follow-up test.

For someone with known diabetes, a value <7% indicates that their diabetes is well controlled. A1c targets should be individualized based on duration of diabetes, age, comorbid conditions, and other considerations.

This assay result is consistent with an increased risk of diabetes.

Currently, no consensus exists regarding use of hemoglobin A1c for diagnosis of diabetes for children.

This test was performed on the Roche cobas c503 platform. Effective 8/28/23, a change in test platforms from the Abbott Architect to the Roche cobas c503 may have shifted HbA1c results compared to historical results.

Based on laboratory validation testing conducted at Quest, the Roche platform relative to the Abbott platform had an average increase in HbA1c value of < or = 0.3%. This difference is within accepted variability established by the National Glycohemoglobin Standardization Program. Note that not all individuals will have had a shift in their results and direct comparisons between historical and current results for testing conducted on different platforms is not recommended.

Lab

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YOUNG ANDREW

Comments:**Confidential**