

Referrer **Dr Georgia C Foley**

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DOB **25/02/1969 (54 Yrs FEMALE)**

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Copy to

Clinical Notes Palpitations

Requested 02/11/2023

Collected 02/11/2023 12:37

Received 02/11/2023 12:44

HbA1c

Test Name	Result	Units	Reference Interval
HbA1c (NGSP)	5.6	%	<6.5
HbA1c (IFCC)	38	mmol/mol	<48

Comments

The currently accepted cut-point for diagnosis of Type 2 Diabetes is an HbA1c level equal to or greater than 6.5% (48 mmol/mol) in patients with normal red blood cell turnover.

An abnormal screening HbA1c equal to or greater than 6.5% (48 mmol/mol) should be confirmed by a repeat HbA1c level as soon as possible, prior to any dietary adjustment or therapeutic intervention.

If the follow up HbA1c is less than 6.5% (48mmol/mol) then the patient does not have diabetes and should be rescreened in 12 months time.

(Ref: MJA 197/4:220-221 (2012))

Patients with HbA1c levels of 5.7 - 6.4% (38 - 46 mmol/mol) may still have a slightly increased risk of microvascular complications according to the AusDiab study.

The Medicare item for HbA1C for diagnosis of Diabetes Mellitus is limited to one test per 12 months; for monitoring Diabetes testing remains unchanged - 4 tests per 12 months.

Further information may be found at MBS online
<http://www9.health.gov.au/mbs/search.cfm>

An alternative test to monitor diabetes such as serum fructosamine is advisable in the presence of altered red cell lifespan.

HbA1c performed on the Sebia Cap3 analyser by capillary electrophoresis.

HA

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Reported on 03-11-2023 13:58

LAB ID **687352535** DOB **25/02/1969** (54Y Female)

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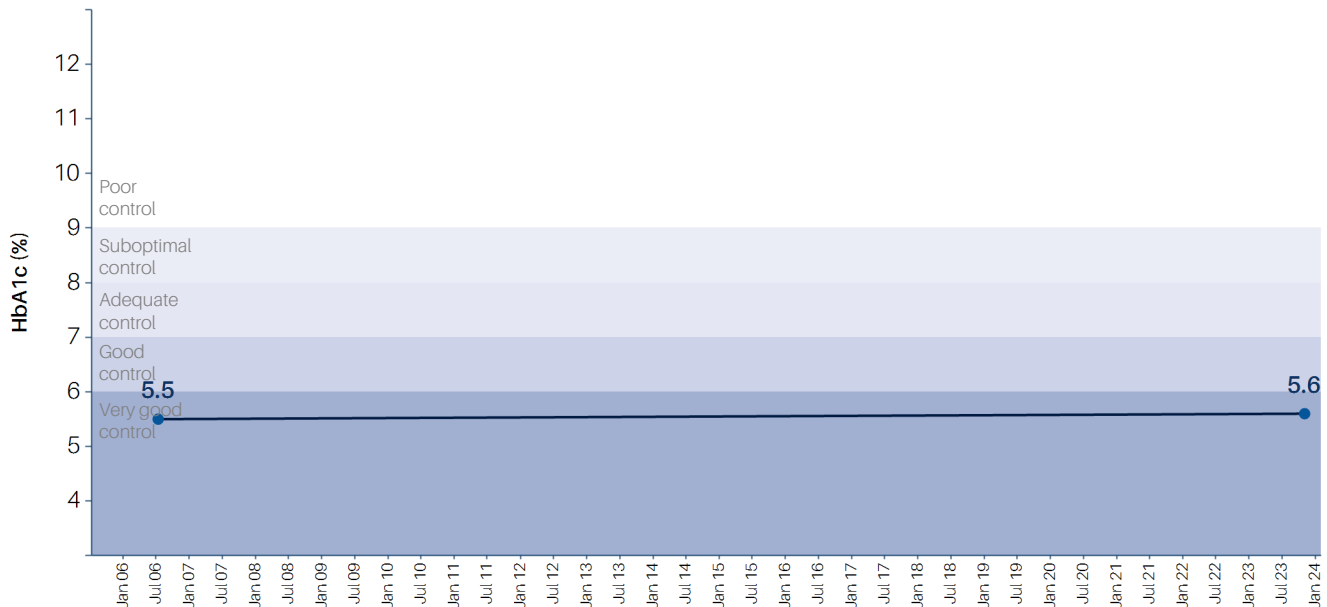
Reported 03 Nov 2023 14:03 pm

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CPL1/---/---/---

Glycated Haemoglobin | HbA1c

Diabetes Monitoring



LEGEND

- | | |
|--|---|
|  Poor control (> 9.0) |  Within reference interval |
|  Suboptimal control (8.1 - 9.0) |  Out of reference interval |
|  Adequate control (7.1 - 8.0) | |
|  Good control (6.1 - 7.0) | |
|  Very good control (<6.1) | |