

BURGMANN, VICKI
85 JACKS CREEK RD, NARRABRI. 2390
Birthdate: 14/02/1963 Sex: F Medicare Number: 2151493562
Your Reference: 00065485 Lab Reference: 23-21681166-A1C-0
Laboratory: Lavery Pathology
Addressee: DR MANORI RODRIGO Referred by: DR MANORI RODRIGO

Name of Test: GLYCATED HAEMOGLOBIN (A1C-0)
Requested: 13/01/2023 Collected: 08/02/2023 Reported: 08/02/2023
22:52

Clinical notes: checkup

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	GLYCATED HAEMOGLOBIN (HbA1c)	
Request Number	11295164	21681166
Date Collected	27 Oct 21	8 Feb 23
Time Collected	08:33	09:37
Specimen Type: EDTA		
HbA1c-NGSP (4.0-6.0) %	5.6	5.5
HbA1c-IFCC (20-42) mmol/mol	38	37

The WHO recommends that an HbA1c cut-off of $\geq 6.5\%$ (48 mmol/mol) is used to diagnose type 2 diabetes.

While it is recognised that HbA1c levels approaching this cut-off place patients at increasingly higher risk of developing diabetes ($<6.5\%$), there is no consensus as to exactly which cut-off at the lower end of the continuum to use for categorising patients as high risk. Various groups quote lower limits for at-risk patients that vary between 5.5% and 6.0% (37 and 42 mmol/mol).

Please note that HbA1c should not be used for diagnosing diabetes mellitus in the following circumstances:

- Children and young people
- Pregnancy - current or within the past 2 months
- Suspected Type 1 diabetes mellitus
- Symptoms of diabetes for <2 months
- Patients who are acutely ill
- Patients taking drugs that can cause rapid onset hyperglycaemia such as corticosteroids, antipsychotic drugs
- Acute pancreatic damage or pancreatic surgery
- Kidney failure
- Patients being treated for HIV infection

Please be cautious when requesting or interpreting HbA1c when patients:

- May have an abnormal haemoglobin
- May be anaemic
- May have an altered red cell lifespan (e.g. post-splenectomy)
- May have had a recent blood transfusion

Requested Tests : VBF*, UMM*, TFT*, GLU, CRP, MBA, LIP, FE*, FBE, A1C