

AMANDA LONGBOTTOM

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DOB 16/10/1978 (46 Yrs FEMALE)

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Collected 02/06/2025 07:28

Copy to Requested 30/05/2025

Clinical Notes 46yo F, annual bloods - history of iron deficiency

Received 02/06/2025 07:28

HbA1c

Test Name	Result	Reference Interval	Units	
HbA1c (NGSP)	5.0	<6.5	%	
HbA1c (IFCC)	31	<48	mmol/mol	

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

SULLIVAN NICOLAIDES PTY LTD. ABN 38 078 202 196. NATA/RCPA ACCREDITATION NO 1964

Reported on 03-Jun-25 11:55





Document created



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Requested 30 May 2025

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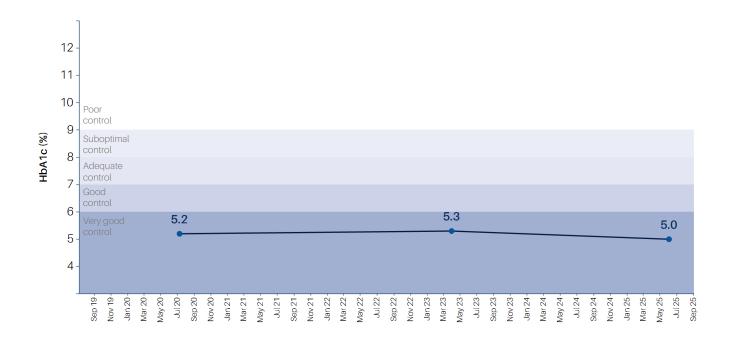
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Glycated Haemoglobin | HbA1c

J6784

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

Diabetes Monitoring



LEGEND

Poor control (> 9.0)

Suboptimal control (8.1 - 9.0)

Adequate control (7.1 - 8.0)

Good control (6.1 - 7.0)

Very good control (<6.1)

Within reference interval

Out of reference interval

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