Patient Name:	MASI, AIDEN		
Patient Address:	7 ODENPA RD, CORDEAUX HEIGHTS 2526		
D.O.B:	23/01/2011	**Gender:**	M
Medicare No.:	2481658976	**IHI No.:**	
Lab. Reference:	21-10946271-A1C-0	**Provider:**	Laverty Pathology
Addressee:	DR MUHAMMAD SHARIF	**Referred by:**	DR. TERRY SANDS
Date Requested:	16/08/2021	**Date Performed:**	17/08/2021
Date Collected:	17/08/2021	**Complete:**	Final
Specimen:			
Subject(Test Name):	GLYCATED HAEMOGLOBIN (A1C-0)		
Clinical Information:			

Clinical Notes : Poor sleep,low ?.

GLYCATED HAEMOGLOBIN (HBA1c)

Specimen Type: EDTA			
HbA1c- NGSP	5.6	%	(4.0-6.0)
HbA1c- IFCC	38	mmol/mol	(20-42)

The WHO recommends that an HbA1c cut-off of >=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 : GLU, MBA, LIP, INS, FE, FBE, DVI, A1C