

**SAMPLE RESULTS. ACTUAL RESULTS MAY VARY.**

PATIENT INFORMATION

REPORT STATUS: FINAL

ORDERING PHYSICIAN

CLIENT INFORMATION



ORDER TODAY

SPECIMEN INFORMATION

SPECIMEN:

DOB:

REQUISITION:

AGE:

LAB REF NO:

GENDER:

FASTING:

COLLECTED:

Clinical Info:

RECEIVED:

REPORTED:

Test Name	Result	Flag	Reference Range	Lab
FASTING: UNKNOWN				
<b>MICROALBUMIN, RANDOM URINE (W/CREATININE)</b>				
CREATININE, RANDOM URINE	132		20-320 mg/dL	01
MICROALBUMIN	0.6		See Note: mg/dL	01
Reference Range:				
Reference Range				
Not established				
MICROALBUMIN/CREATININE RATIO,	5		<30 mcg/mg creat	01

The ADA defines abnormalities in albumin excretion as follows:

Category Result (mcg/mg creatinine)

- Normal <30
- Microalbuminuria 30-299
- Clinical albuminuria > OR = 300

The ADA recommends that at least two of three specimens collected within a 3-6 month period be abnormal before considering a patient to be within a diagnostic category.

**GLUCOSE**

GLUCOSE	140	HIGH	65-99 mg/dL	01
Fasting reference interval				

**HEMOGLOBIN A1c**

HEMOGLOBIN A1c	6.8	HIGH	<5.7 % of total Hgb	01
----------------	-----	------	---------------------	----

According to ADA guidelines, hemoglobin A1c <7.0% represents optimal control in non-pregnant diabetic patients. Different metrics may apply to specific patient populations. Standards of Medical Care in Diabetes-2013. Diabetes Care. 2013;36:s11-s66

For the purpose of screening for the presence of diabetes

- <5.7% Consistent with the absence of diabetes
- 5.7-6.4% Consistent with increased risk for diabetes (prediabetes)
- >or=6.5% Consistent with diabetes

This assay result is consistent with diabetes mellitus.

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

**Performing Laboratory Information:**