

# Sample results. Actual results may vary.

PATIENT INFORMATION

REPORT STATUS: FINAL

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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.				
<b>GLUCOSE</b>				
GLUCOSE	140	HIGH	65-99 mg/dL	01
Fasting reference interval				
<b>HEMOGLOBIN A1c</b>				
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:**