Effective December 5, 2011 the clinical laboratory switched methodologies for the Hemoglobin A1c method. The switch was from cation exchange HPLC to affinity HPLC on the Trinity Biotech Ultra2 Analyzer.

The two methods compared very well with a correlation coefficient of 0.99. On the average, the newer method was 0.1% less than the previous method.

There has been no change in the recommended reference interval and clinical interpretations for HgbA1c. These are based upon the latest recommended guidelines and are as follows:

- HgbA1c reference interval: 3.9 – 5.6%
- 5.7 – 6.4% indicates increased risk for diabetes
- \( \geq 6.5\% \) is a criterion for the diagnosis of diabetes

The estimated average glucose (eAG) calculation will accompany the HgbA1c result and is based on the formula: \( eAG = (HgbA1c \times 28.7) - 46.7 \).

In the past, homozygous hemoglobin variant patient samples had to be sent out. This is no longer necessary.

Sample Requirements
- Collect: EDTA whole blood 4 mL.
- Pediatric Collection Transportation: 0.6 mL EDTA microtainer (whole blood) at 2-8\(^\circ\) C.
- Storage/Transport: Deliver original tube at 2-8\(^\circ\) C.
- Stability: Ambient 72 hours; Refrigerated 1 week.
- Unacceptable Conditions: Serum or anything other than EDTA whole blood.

If you have questions or need additional information please contact Laboratory Client Services at 734-7373 or email pathologyclientservices@ucdmc.ucdavis.edu.

Reference Diabetes Care, Vol 33, supplement 1, January 2010