



PATIENT INFORMATION

| | | | | | | | | |
|----------------------------|-----|----|---------------------|-----|-----|---|------|-------------|
| Last Name | | | First Name | | | Gender <input type="checkbox"/> Male <input type="checkbox"/> Female | | |
| Medical Record Number | | | Date of Birth | | | Ethnicity | | |
| Provisional Diagnosis | | | Date of Transfusion | | | Serum Fe ²⁺ | TIBC | % Fe Sat. |
| WBC | RBC | HB | HCT | MCV | MCH | MCHC | RDW | Retic Count |
| Additional Patient History | | | | | | | | |

HOSPITAL / REFERRAL LAB / PHYSICIAN INFORMATION

| | | | |
|--|--|--------|----------|
| Name of the facility | | Street | |
| City | | State | Zip Code |
| Contact Person | | Phone | Fax |
| Physician's Name | | Phone | Fax |
| Accession Number (Please note that we cannot bill the insurance) | | | |

TEST PANEL

| | |
|---|---|
| Globin Gene Disorders | Sample Requirement: 4 ml Whole Blood (EDTA) |
| <input type="checkbox"/> Hemoglobin Electrophoresis (Quantitative Hb Analysis by HPLC only. Molecular methods will not be used) <input type="checkbox"/> Hb F% Analysis by HPLC (Post treatment follow-up for patients treated with Hb F inducing agents) <input type="checkbox"/> Alpha thalassemia workup (Reverse Hybridization & Sequencing of HBA genes) <input type="checkbox"/> Beta thalassemia workup (Sequencing of HBB genes & PCR for HBB gene deletions) <input type="checkbox"/> Reflex tests for Evaluation of Unknown Hemoglobinopathy Cases (Refer to Chart A for test details) <ul style="list-style-type: none"> • For all Unknown Hemoglobinopathy cases, THJH Hemoglobinopathy Lab reserves the right to perform reflex tests based on patient history, patient age, CBC values and other tests results. • CBC report and short patient history is required for accurate diagnosis | |
| MRD | Sample Requirement: 10 ml Whole Blood (EDTA) OR 4 ml Bone Marrow (EDTA) |
| <input type="checkbox"/> BCR-ABL Qualitative Analysis by RT – PCR <input type="checkbox"/> BCR-ABL Quantitative Analysis by RQ – PCR <input type="checkbox"/> BCR-ABL Mutational Analysis | |

FOR HEMOGLOBINOPATHY LAB USE ONLY

Lab ID: _____ DNA ID: _____ Date Received: _____

Type of Specimen:
 EDTA Blood Bone Marrow Other: _____

Condition of Specimen:
 Good Hemolyzed Clotted Dried Tubes leaking or broken

Tech Initials: _____

Comments: _____

