

THIS IS NOT A TEST REQUEST FORM. Please complete and submit with the test request form or electronic packing list.

PATIENT HISTORY FOR HEMOGLOBINOPATHY/THALASSEMIA TESTING

Patient Name: _____ **Date of Birth:** _____ **Sex:** Female Male
Ordering Provider: _____ **Provider's Phone:** _____
Practice Specialty: _____ **Provider's Fax:** _____
Genetic Counselor: _____ **Counselor's Phone:** _____

Patient's Ethnicity/Ancestry (check all that apply)

African American/Black Asian Hispanic White Other: _____

List country of origin (if known): _____

Does the patient have clinical findings? No Yes (check all that apply and describe)

Anemia: Has iron deficiency been excluded? No Yes Unknown

Splenomegaly Other symptoms: _____

Has the patient had a recent transfusion?..... No Yes; date of transfusion: _____ Unknown

Laboratory Findings: (Indicate which testing was performed and provide results, as requested.)

Hemoglobin evaluation by electrophoresis or HPLC; date performed: _____
HbA%: _____ HbC%: _____ HbF%: _____ Other: _____
HbA₂%: _____ HbE%: _____ HbS%: _____

CBC: date performed: _____ HGB: _____ HCT: _____ MCV: _____ Reticulocyte count: _____ (____%)

Has the patient undergone previous DNA testing?..... No Yes Unknown

If yes, check the completed test(s) and provide the result or attach a copy of the laboratory report.

Alpha globin deletion analysis; result: _____
 Beta globin sequencing; result: _____
 Other: _____

Is there any relevant family history of hemoglobinopathy/thalassemia? No Yes Unknown

If yes, specify the relative's relationship to the patient: _____; The relative is: a healthy carrier / affected

List the gene and variant(s) identified or attach a copy of the relative's laboratory result: _____

Check the test you intend to order.

Initial screening tests for hemoglobinopathies/thalassemia:

- 0050610 Hemoglobin Evaluation with Reflex to Electrophoresis and/or RBC Solubility:** HPLC with reflex to electrophoresis and/or RBC solubility
- 2005792 Hemoglobin Evaluation Reflexive Cascade:** HPLC with reflex to electrophoresis, solubility testing, or molecular analyses to identify Hb variants

Molecular tests for beta thalassemia/hemoglobinopathies:

- 3004547 Beta Globin (HBB) Sequencing:** Clinical sensitivity for beta thalassemia ~99%
- 3003144 Deletion/Duplication Analysis by MLPA:** Tests for a large HBB deletion/duplication previously identified in a family member; a copy of a relative's lab report is REQUIRED.

Molecular test for gamma globinopathy:

- 3001957 Gamma Globin (HBG1 and HBG2) Sequencing:** Clinical sensitivity is unknown.

Molecular tests for alpha thalassemia:

- 2011708 Alpha Globin (HBA1 and HBA2) Sequencing and Deletion/Duplication:** Clinical sensitivity is 99%
- 3003651 Alpha Thalassemia (HBA1 and HBA2) Deletion/Duplication with reflex to Hb Constant Spring:** Clinical sensitivity at least 90%; assesses for common, rare, and novel deletions/duplications and Hb Constant Spring
- 2011622 Alpha Globin (HBA1 and HBA2) Deletion/Duplication:** Clinical sensitivity at least 90%; assesses for common, rare, and novel deletions and duplications

Master Label

For questions, contact an ARUP genetic counselor at 800-242-2787 ext. 2141.