

**THIS IS NOT A TEST REQUEST FORM.**

Please fill out this form and submit it with the test request form or electronic packing list.

**PATIENT HISTORY FOR HEMOGLOBINOPATHY/THALASSEMIA TESTING**

Patient Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex  F  M

Physician \_\_\_\_\_ Physician Phone \_\_\_\_\_

Practice Specialty \_\_\_\_\_ Physician Fax \_\_\_\_\_

Genetic Counselor \_\_\_\_\_ Counselor Phone \_\_\_\_\_

**Patient's Ethnicity** (check all that apply)

- African: specify region: \_\_\_\_\_
- Asian Indian
- Caucasian (S Europe)
- Middle Eastern
- Asian Southeast
- Chinese
- Puerto Rican
- African-American
- Caucasian (N Europe)
- Hispanic
- Vietnamese
- Other: \_\_\_\_\_

**Does the patient have symptoms?**  No  Yes (check all that apply and describe)

Anemia; has iron deficiency been excluded?  No  Yes  Unknown

Splenomegaly

Other symptom(s): \_\_\_\_\_

**Has the patient had a recent transfusion?**  No  Yes; date of transfusion: \_\_\_\_\_  Unknown

**Laboratory Findings:** Hemoglobin evaluation by electrophoresis or HPLC

Date performed: \_\_\_\_\_

Hb A%: \_\_\_\_\_ Hb C%: \_\_\_\_\_ Hb F%: \_\_\_\_\_ HCT: \_\_\_\_\_ MCV: \_\_\_\_\_

Hb A<sub>2</sub>%: \_\_\_\_\_ Hb E%: \_\_\_\_\_ Hb S%: \_\_\_\_\_ HGB: \_\_\_\_\_

Reticulocyte count: \_\_\_\_\_ ( \_\_\_\_\_ %) Other: \_\_\_\_\_

**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 mutation(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:

**2010117 Beta Globin (HBB) Sequencing and Deletion/Duplication:** Clinical sensitivity for beta thalassemia ~99%.

**0050578 Beta Globin (HBB) Sequencing:** Clinical sensitivity for beta thalassemia ~97%.

**2010113 Beta Globin (HBB) Deletion/Duplication:** Clinical sensitivity varies by ethnicity.

**2004686 Hemoglobin Lepore (HBD/HBB Fusion) 3 Mutations**

Molecular tests for alpha thalassemia:

**2011708 Alpha Globin (HBA1 and HBA2) Sequencing and Deletion/Duplication:** Clinical sensitivity is 99%

**2011622 Alpha Globin (HBA1 and HBA2) Deletion/Duplication:** Clinical sensitivity up to 95%  
Assesses for common, rare and novel deletions and duplications.

**0051495 Alpha Thalassemia (HBA1 & HBA2) 7 Deletions:** Clinical sensitivity up to 90%.  
Assesses for 7 common large deletions.

**2001582 Alpha Thalassemia (HBA1 & HBA2) Sequencing:** Clinical sensitivity is ~10%.

Master Label

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