

Client: Example Client ABC123
 123 Test Drive
 Salt Lake City, UT 84108
 UNITED STATES

Physician: Doctor, Example

Patient: Patient, Example

DOB: 4/24/2018
Gender: Male
Patient Identifiers: 01234567890ABCD, 012345
Visit Number (FIN): 01234567890ABCD
Collection Date: 00/00/0000 00:00

Hemoglobin Evaluation with Reflex to Electrophoresis and/or RBC Solubility

ARUP test code 0050610

| | | |
|---------------------------------------|-----------------|---|
| Hemoglobin A | 56.6 % L | (Ref Interval: 78.2-96.6) |
| Hemoglobin A2 | 3.1 % | (Ref Interval: 1.8-3.6) |
| Hemoglobin F | 5.5 % | (Ref Interval: 0.9-19.4) REFERENCE INTERVAL: Hemoglobin F Access complete set of age- and/or gender-specific reference intervals for this test in the ARUP Laboratory Test Directory (aruplab.com). |
| Hemoglobin S | 0.0 % | (Ref Interval: 0.0-0.0) |
| Hemoglobin C | 34.8 % H | (Ref Interval: 0.0-0.0) |
| Hemoglobin E | 0.0 % | (Ref Interval: 0.0-0.0) |
| Hemoglobin - Other | 0.0 % | (Ref Interval: 0.0-0.0) |
| Sickle Cell Solubility | Not Performed | |
| Hemoglobin, Capillary Electrophoresis | Performed | |
| Hemoglobin Evaluation | Abnormal | * |

H=High, L=Low, *=Abnormal, C=Critical

Impression: Heterozygous Hb C (Hb AC)

Laboratory findings demonstrate the presence of Hb A and Hb C which suggests heterozygosity for the beta chain variant Hb C, a hematologically silent condition. However, when Hb C is co-inherited with Hb S or other clinically important beta variant, a significant sickling disorder results. Patients with homozygous C (Hb CC) who have been recently transfused may demonstrate Hb C levels which overlap with those typically seen in individuals with Hb C trait. Hb C/beta-plus thalassemia is typically characterized by Hb C greater than Hb A with the presence of microcytosis. If microcytosis is present and Hb C/beta-plus thalassemia is suspected, Beta-Globin (HBB) Sequencing (ARUP test #0050578) is suggested.

Hemoglobin analysis should be offered to the patient's family members to assess carrier status.

VERIFIED/REPORTED DATES

| Procedure | Accession | Collected | Received | Verified/Reported |
|---------------------------------------|---------------|------------------|------------------|-------------------|
| Hemoglobin A | 18-334-400325 | 00/00/0000 00:00 | 00/00/0000 00:00 | 00/00/0000 00:00 |
| Hemoglobin A2 | 18-334-400325 | 00/00/0000 00:00 | 00/00/0000 00:00 | 00/00/0000 00:00 |
| Hemoglobin F | 18-334-400325 | 00/00/0000 00:00 | 00/00/0000 00:00 | 00/00/0000 00:00 |
| Hemoglobin S | 18-334-400325 | 00/00/0000 00:00 | 00/00/0000 00:00 | 00/00/0000 00:00 |
| Hemoglobin C | 18-334-400325 | 00/00/0000 00:00 | 00/00/0000 00:00 | 00/00/0000 00:00 |
| Hemoglobin E | 18-334-400325 | 00/00/0000 00:00 | 00/00/0000 00:00 | 00/00/0000 00:00 |
| Hemoglobin - Other | 18-334-400325 | 00/00/0000 00:00 | 00/00/0000 00:00 | 00/00/0000 00:00 |
| Sickle Cell Solubility | 18-334-400325 | 00/00/0000 00:00 | 00/00/0000 00:00 | 00/00/0000 00:00 |
| Hemoglobin, Capillary Electrophoresis | 18-334-400325 | 00/00/0000 00:00 | 00/00/0000 00:00 | 00/00/0000 00:00 |
| Hemoglobin Evaluation | 18-334-400325 | 00/00/0000 00:00 | 00/00/0000 00:00 | 00/00/0000 00:00 |

END OF CHART

H=High, L=Low, *=Abnormal, C=Critical