

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

Physician: Doctor, Example

Patient: Patient, ExampleDOB: 12/31/1982
Gender: Female
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	0.0 %	(Ref Interval: 95.0-97.9)
Hemoglobin A2	See Note %	(Ref Interval: 2.0-3.5)
Hemoglobin F	3.2 % H	(Ref Interval: 0.0-2.1) 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	0.0 %	(Ref Interval: 0.0-0.0)
Hemoglobin E	84.7 % H	(Ref Interval: 0.0-0.0)
Hemoglobin - Other	12.1 % H	(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: Homozygous E (Hb EE) with slightly elevated Hb F

Laboratory findings suggest homozygosity for the beta chain variant Hb E. Homozygous Hb E usually presents with mild anemia and microcytosis. Hb E may produce severe anemia when co-inherited with a beta-zero thalassemia allele. If microcytosis is present and Hb E/beta-plus thalassemia is suspected, Beta Globin (HBB) Sequencing (ARUP test #0050578) is suggested.

Slightly increased levels of Hb F can be seen in some acquired conditions such as pregnancy, myelodysplastic syndrome, aplastic anemia, paroxysmal nocturnal hemoglobinuria, thyrotoxicosis and treatments with certain drugs e.g. hydroxyurea, as well as certain inherited syndromes constituting hereditary persistence of fetal hemoglobin (HPFH). Please correlate clinically.

Unable to quantitate Hb A2 in the presence of Hb E. Hb A2 percent is included in the Hb E percent.

Minor insignificant hemoglobins which may include acetylated Hb F and/or glycated hemoglobins are listed as Hb, Other.

Hb A is low.

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	18-271-119014	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Hemoglobin A2	18-271-119014	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Hemoglobin F	18-271-119014	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Hemoglobin S	18-271-119014	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Hemoglobin C	18-271-119014	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Hemoglobin E	18-271-119014	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Hemoglobin - Other	18-271-119014	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Sickle Cell Solubility	18-271-119014	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Hemoglobin, Capillary Electrophoresis	18-271-119014	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Hemoglobin Evaluation	18-271-119014	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