

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

Physician: Doctor, Example

Patient: Patient, Example

DOB: 3/7/1962
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 3017101

Hemoglobin A	96.9 %	(Ref Interval: 95.0-97.9)
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Hemoglobin A2	2.8 %	(Ref Interval: 2.0-3.5)
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Hemoglobin F	0.3 %	(Ref Interval: 0.0-2.1)
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Hemoglobin S	0.0 %	(Ref Interval: 0.0-0.0)
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Hemoglobin C	0.0 %	(Ref Interval: 0.0-0.0)
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Hemoglobin E	0.0 %	(Ref Interval: 0.0-0.0)
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Hemoglobin Other	0.0 %	(Ref Interval: 0.0-0.0)
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Hemoglobin Evaluation	See Note
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Impression: Normal Hemoglobin evaluation.

Normal HPLC and capillary electrophoresis results do not rule out the possibility of alpha globin gene deletions associated with silent carrier status or alpha thalassemia trait. Individuals who carry a rare, Greek beta thalassemia variant often have a normal Hb A2 and may not be identified by this assay. Please correlate with clinical and laboratory findings.

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

Unless otherwise indicated, testing performed at:

INTERPRETIVE INFORMATION: Hemoglobin Evaluation, with Reflex to Electrophoresis and/or RBC Solubility

This test was developed and its performance characteristics determined by ARUP Laboratories. It has not been cleared or approved by the U.S. Food and Drug Administration. This test was performed in a CLIA-certified laboratory and is intended for clinical purposes.

Sickle Cell Solubility Reflex

Not Performed

INTERPRETIVE INFORMATION: Sickle Cell Solubility Reflex

Not Performed: Solubility testing for Hemoglobin S not indicated.
Positive: Positive for Hemoglobin S by HPLC and confirmed by solubility testing. Additional charges apply.
Conf Previous: Positive for Hemoglobin S by HPLC. Solubility testing performed previously and not repeated with this submission.

Hgb Capillary Electrophoresis Reflex

Not Performed

INTERPRETIVE INFORMATION: Hgb Capillary Electrophoresis Reflex

Not Performed: Confirmation by Capillary Electrophoresis not indicated.
Performed: Results confirmed by Capillary Electrophoresis. Additional charges apply.
Conf Previous: Capillary Electrophoresis confirmation performed as part of a previous submission. Confirmation not repeated with this submission.

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

VERIFIED/REPORTED DATES

Procedure	Accession	Collected	Received	Verified/Reported
Hemoglobin A	24-054-124124	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Hemoglobin A2	24-054-124124	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Hemoglobin F	24-054-124124	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Hemoglobin S	24-054-124124	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Hemoglobin C	24-054-124124	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Hemoglobin E	24-054-124124	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Hemoglobin Other	24-054-124124	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Hemoglobin Evaluation	24-054-124124	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Sickle Cell Solubility Reflex	24-054-124124	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Hgb Capillary Electrophoresis Reflex	24-054-124124	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

Unless otherwise indicated, testing performed at:

ARUP LABORATORIES | 800-522-2787 | aruplab.com
500 Chipeta Way, Salt Lake City, UT 84108-1221
Jonathan R. Genzen, MD, PhD, Laboratory Director

Patient: Patient, Example
ARUP Accession: 24-054-124124
Patient Identifiers: 01234567890ABCD, 012345
Visit Number (FIN): 01234567890ABCD
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