

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

Admitting Provider: Doctor, Example

Patient: Patient, Example

DOB 5/4/1993
Sex: Female
Patient Identifiers: 01234567890ABCD, 012345
Visit Number (FIN): 01234567890ABCD
Collection Date: 00/00/0000 00:00

Hemoglobin Evaluation by HPLC and Electrophoresis With Reflex to RBC Solubility

ARUP test code 3020911
Ordering Provider: Doctor, Example

Hemoglobin A	See CE Report %	(Ref Interval: 95.0-97.9)
Hemoglobin A2	See CE Report %	(Ref Interval: 2.0-3.5)
Hemoglobin F	See CE Report %	(Ref Interval: 0.0-2.1)
Hemoglobin S	See CE Report %	(Ref Interval: 0.0-0.0)
Hemoglobin C	See CE Report %	(Ref Interval: 0.0-0.0)
Hemoglobin E	See CE Report %	(Ref Interval: 0.0-0.0)
Hemoglobin Other	See CE Report %	(Ref Interval: 0.0-0.0)
Hemoglobin Evaluation	See CE Report INTERPRETIVE INFORMATION: Hemoglobin HPLC and CE Eval with Reflex HPLC Report: Results from HPLC are reported. Results were confirmed by capillary electrophoresis. See CE Report: Results from capillary electrophoresis are reported under Hemoglobin Evaluation by Capillary Electrophoresis (3017102). Results were confirmed by HPLC. 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	Positive * 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.
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H=High, L=Low, *=Abnormal, C=Critical

Unless otherwise indicated, testing performed at:

Hemoglobin Evaluation by Capillary Electrophoresis

ARUP test code 3017102
Ordering Provider: Doctor, Example

Hemoglobin A	58.0 %	L	(Ref Interval: 94.3-98.5)
Hemoglobin A2	3.1 %		(Ref Interval: 1.5-3.7)
Hemoglobin F	2.0 %		(Ref Interval: 0.0-2.0)
Hemoglobin S	36.9 %	H	(Ref Interval: 0.0-0.0)
Hemoglobin C	0.0 %		(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)

Hemoglobin Evaluation See Note

Impression: Hb S present and a hemoglobin variant suggestive of Hb A2 prime identified.

Laboratory findings demonstrate the presence of Hb S. The percentage of Hb S in heterozygous Hb S (trait) ranges from 35-40% and is typically an asymptomatic condition. Homozygous Hb S (Hb SS) has predominantly Hb S without Hb A and is characterized by red blood cell sickling, severe hemolytic anemia, vaso-occlusive crisis, and other significant clinical manifestations.

Lower values of Hb S can be seen in compound heterozygous conditions for Hb S and alpha thalassemia. Hb S/alpha thalassemia is typically asymptomatic and associated with microcytosis. If clinically indicated, molecular confirmation by Alpha Globin (HBA1 and HBA2) Deletion/Duplication (ARUP test #2011622) should be considered.

Hb S/beta-plus thalassemia is typically characterized by more Hb S than Hb A with the presence of microcytosis. If microcytosis is present and Hb S/beta-plus thalassemia is suspected, Beta Globin (HBB) Sequencing (ARUP test #3004547) is suggested.

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

Please correlate clinically and in the context of recent transfusion history.

Hb A2 total includes Hb A2 prime (1.4 percent), a common, clinically insignificant delta chain variant. Please correlate clinically.

INTERPRETIVE INFORMATION: Hemoglobin Evaluation by Capillary Electrophoresis

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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: 26-217-119578
Patient Identifiers: 01234567890ABCD, 012345
Visit Number (FIN): 01234567890ABCD
Page 2 of 3 | Printed: 8/27/2026 10:08:03 AM



VERIFIED/REPORTED DATES				
Procedure	Accession	Collected	Received	Verified/Reported
Hemoglobin A	26-217-119578	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Hemoglobin A2	26-217-119578	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Hemoglobin F	26-217-119578	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Hemoglobin S	26-217-119578	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Hemoglobin C	26-217-119578	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Hemoglobin E	26-217-119578	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Hemoglobin Other	26-217-119578	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Hemoglobin Evaluation	26-217-119578	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Sickle Cell Solubility Reflex	26-217-119578	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Hemoglobin A	26-217-119578	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Hemoglobin A2	26-217-119578	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Hemoglobin F	26-217-119578	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Hemoglobin S	26-217-119578	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Hemoglobin C	26-217-119578	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Hemoglobin E	26-217-119578	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Hemoglobin Other	26-217-119578	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00
Hemoglobin Evaluation	26-217-119578	00/00/0000 00:00	00/00/0000 00:00	00/00/0000 00:00

END OF CHART

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Page 3 of 3 | Printed: 8/27/2026 10:08:03 AM