ARUP LABORATORIES | A nonprofit enterprise of the University of Utah and its Department of Pathology

Effective Date: April 20, 2026

TEST CHANGE

Hereditary Hemolytic Anemia Cascade

3000894, HHACASCADE

Specimen Requirements:	
Patient Preparation:	
Collect:	Three lavender~~3 whole blood Lavender~~ (K2EDTA) or p~~P~~ink (K2EDTA) specimens and 3-5 peripheral blood smears.
Specimen Preparation:	Transport the 3 whole blood specimens in the original tube. Also acceptable: whole blood in ARUP standard transport tubes. ~~Transfer specimens using ARUP kit (ARUP supply # 54388) available online through eSupply using ARUP Connect or contact ARUP Client Services at (800) 522-2787.~~
Transport Temperature:	Refrigerated.
Unacceptable Conditions:	
Remarks:	Submit with Order: Patient history form, including information from a recent CBC, is required for interpretation.
Stability:	Ambient: Unacceptable; Refrigerated: 1 week; Frozen: Unacceptable
Methodology:	High Performance Liquid Chromatography (HPLC) / Electrophoresis / RBC Solubility / Polymerase Chain Reaction (PCR) / Fluorescence Resonance Energy Transfer (FRET) / Sequencing / Spectrophotometry / Visual Identification / Quantitative Enzymatic Assay / Quantitative Flow Cytometry / Cytochemical Stain / Multiplex Ligation-Dependent Probe Amplification (MLPA) / Massively Parallel Sequencing
Note:	The Hereditary Hemolytic Anemia Cascade begins with initial standard tests to detect possible causes of hemolytic anemia. If the results of the initial tests are suggestive of an abnormal or unstable hemoglobin, RBC membrane instability, or an enzyme or protein deficiency; or if the CBC data is suggestive of a hemoglobinopathy, appropriate testing will be performed at an additional charge. Depending on findings, one or more reflex tests may be required in order to provide a clinical interpretation. Tests added may include electrophoresis, solubility testing, mutational analysis, and/or sequencing. Quantitation of hemoglobin by HPLC or electrophoresis is most definitive in individuals one year and older. If quantitation of hemoglobin was performed before age one, repeat testing is recommended. Abnormal hemoglobin variants may require additional testing, which increases TAT up to 21 days.
CPT Codes:	84220; 88184; 82955; 83021. Reflex components billed separately. Additional CPT codes may apply: 85555; 85060;

	83068; 81269; 81259; 81363; 81364; 81249; 81404; 81405; 85660; 83020; 81479.
New York DOH Approval Status:	Specimens from New York clients will be sent out to a New York DOH approved laboratory, if possible.
Interpretive Data:	
Reference Interval:	Refer to report

Inserted Cells