HOTLINE: Effective December 14, 2020

New Test Available Now **3000894** **Hereditary Hemolytic Anemia Cascade** **HHACASCADE**

Patient History for Hemoglobinopathy/Thalassemia Testing

Additional Technical Information

Test not New York DOH approved at any laboratory. An approved NPL form must accompany specimen.

A recent CBC

Methodology: High Performance Liquid Chromatography (HPLC)/Electrophoresis/RBC Solubility/Polymerase Chain Reaction (PCR)/Fluorescence Resonance Energy Transfer/Sequencing, Spectrophotometry, Visual Identification, Quantitative Enzymatic, Quantitative Flow Cytometry, Cytochemical Stain, Multiplex Ligation-Dependent Probe Amplification
Performed: Sun-Sat
Reported: Varies

Specimen Required: Collect: 3 whole blood Lavender (K_2EDTA) or Pink (K_2EDTA) specimens and 3-5 peripheral blood smears.
Specimen Preparation: Transfer specimens using ARUP kit (ARUP supply # 54388) available online through eSupply using ARUP Connect or contact ARUP Client Services at (800) 522-2787.
Storage/Transport Temperature: Refrigerated.
Remarks: **Submit with Order:** Patient history form, including information from a recent CBC, is required for interpretation.
Unacceptable Conditions:
Stability (collection to initiation of testing): Ambient: Unacceptable; Refrigerated: 1 week; Frozen: Unacceptable

Interpretive Data:

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

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 Code(s): 84220, 88184, 82955, 83021. Reflex components billed separately. Additional CPT codes may apply, 85555, 81479, 83068, 81269, 81259, 81363, 81364, 81249, 81443, 85660, 83020

New York DOH approval pending. Call for status update.

HOTLINE NOTE: Refer to the Test Mix Addendum for interface build information.