

**TEST CHANGE**

**Hemoglobin S Evaluation with Reflex to RBC Solubility**

3016616, SCKLHB

**Specimen Requirements:**

**Patient Preparation:**

**Collect:** Lavender (EDTA) or pink (K2EDTA).

**Specimen Preparation:** Transport 5 mL whole blood in original tube. (Min: 0.2 mL)  
Also acceptable: whole blood in an ARUP standard transport tube.

**Transport Temperature:** Refrigerated.

**Unacceptable Conditions:** Frozen or room temperature specimens.

**Remarks:**

**Stability:** Ambient: Unacceptable; Refrigerated: 1 week; Frozen: Unacceptable

**Methodology:** High Performance Liquid Chromatography (HPLC) / RBC Solubility

**Note:** If HPLC detects a peak which suggests Hgb S, then RBC **s**Solubility will be added for confirmation. Additional charges apply.

**CPT Codes:** 83021; if reflexed, add 85660

**New York DOH Approval Status:** This test is New York DOH approved.

**Interpretive Data:**

**Negative:** Negative for **h**Hemoglobin S by HPLC. Solubility testing not performed.

**Positive:** Positive for **h**Hemoglobin S by HPLC and confirmed by solubility testing. Additional charges apply.

**Conf Previous:** Positive for **h**Hemoglobin S by HPLC. Solubility testing performed previously and not repeated with this submission.

This test does not differentiate hemoglobin S trait from homozygous sickle cell disease or other possible combinations such as: S/C, S/D, S/G, S/E, S/thalassemia, S/O-Arab, S/New York and C-Georgetown trait (Hb C-Harlem). For further clarification, Hemoglobin Evaluation with Reflex to Electrophoresis and/or RBC Solubility (ARUP test code 3017101) is recommended.

**Reference Interval:**

**Negative**

Test Number	Components	Reference Interval
	Hemoglobin S Evaluation	Negative



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and its Department of Pathology*

Effective Date: **April 20, 2026**