

NEW TEST

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Hemoglobin Evaluation With Reflex to Electrophoresis and/or RBC Solubility

3017101, HGBEL RFX

Specimen Requirements:

Patient Preparation:

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

Specimen Preparation: Transport 5 mL whole blood. (Min: 0.5 mL)

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) /Electrophoresis/RBC Solubility

Performed: Sun-Sat

Reported: 1-5 days

Note: If abnormal peaks suggestive of a hemoglobin variant are detected, then RBC Solubility and/or Capillary Electrophoresis will be performed to aid in confirmation and identification of the variant. Additional charges apply. If a hemoglobin variant cannot be quantitated by HPLC, results from capillary electrophoresis will be reported. Quantitation of hemoglobin is recommended for a definitive diagnosis in infants 1 year and older.

CPT Codes: 83021; if reflexed, add 83020; 85660

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

Interpretive Data:

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: 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.

Reference Interval:

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