



HEMOGLOBINOPATHY INVESTIGATIONS

Red Cell Disorders Laboratory c/o Clinical Chemistry and Immunology Laboratory
Hamilton General Hospital, 237 Barton St. East, Hamilton ON, L8L 2X2

1. Patient Information:

Last Name: First Name:

Date of birth: Year/Month/Day Sex: M F HIN:

Send report to:

Referring Contact (Physician, Geneticist):

Referring Institution: ID Number:

Street Address:

City: Prov: Postal Code:

Phone #: Fax #: Email:

2. Patient History:

Clinical Information:

Is this a prenatal investigation: Yes No Ethnic Background:

Is this a referral for confirmation of a variant Hb identified by newborn screening? Yes No

Is this a family study: Yes No

List family members and relationships:

3. Referring Laboratory Test Results: Submit CBC, ferritin results from same day collection

Wbc count: Hemoglobin: HCT: MCV:

MCH: MCHC: RDW: Ferritin: Iron:

Bloodfilm Morphology:

NBS Results:

Please note! Failure to submit referring laboratory test results or complete information may result in testing delays. All invoices will be issued through Laboratory Reference Centre.

4. Hemoglobinopathy Investigations Required:

Full Hemoglobinopathy Investigation (Submit CBC and Ferritin results)

Unstable Hemoglobin (Hemoglobin electrophoresis recommended, forward results if completed prior)

Oxygen Affinity(P50) Sample must be refrigerated within 4 hours of collection. Samples must be received in the Red Cell Disorders Lab within 24 hours of collection. Keep sample refrigerated and ship with a cold pack. Do not place the sample directly on ice or cold pack to avoid freezing the sample. Store samples refrigerated (2-8°C). Do not ship samples on Friday - Sunday. Please draw and send a sample from a de-identified normal donor (no known hemoglobinopathies), to serve as a control for timing and shipping conditions.

Repeat Hemoglobinopathy Investigation (eg. Hemoglobin S Level):

5. Sample requirements:

Submit minimum 5.0ml EDTA blood for Hemoglobinopathy investigation on adults and 1.0ml for newborn infant samples. Ship specimens refrigerated (approx. 4°C). Send all samples to:

Laboratory Reference Centre, Hamilton General Hospital Core Lab, Level 1
237 Barton St East, Hamilton, ON L8L 2X2

Questions: Phone: 905-521 2100 ext 76948 Fax: 905-577-8254, email: MolecularHematologyRed@hhsc.ca
Attention: Red Cell Disorders Laboratory