

Department of Medicine, Sickle Cell Center

THJH Hemoglobinopathy Laboratory 989 St Sebastian Way, EF-201, Augusta, GA 30912 Phone: (706) 721-9640 FAX: (706) 721-9637 Director: Dr. Abdullah Kutlar, MD

PATIENT INFORMATION								
Last Name			First Name			Gender		
Last Name			First Name			☐ Male ☐ Female		
Medical Record Number			Date of Birth			Ethnicity		
Provisional Diagnosis			Date of Transfusion			Serum Fe ⁺²	TIBC	% Fe Sat.
WBC	RBC	НВ	НСТ	MCV	MCH	MCHC	RDW	Retic Count
Additional Patient History								
HOSPITAL / REFERAL LAB / PHYSICIAN INFORMATION								
Name of the facility Street								
City			State			Zip Code		
Contact Person			Phone			Fax		
Physician's Name			Phone			Fax		
Accession Number (Please note that we cannot bill the insurance)								
TEST PANEL								
Globin Gene Disorders Sample Requirement: 4 ml Whole Blood (EDTA)								
Protein Based Methods: Hemoglobin Electrophoresis Cascade (Quantitative Hb Analysis by HPLC) Hb F Quantitation Hb S Quantitation Variant Hemoglobin Analysis (HPLC) Non Globin Gene Disorders Sample Requirement: 4 ml Whole Blood (ED HFE mutations: MTHFR 677 and MTHFR 1298 HFE mutations: HFE 282 and HFE 63 MRD Sample Requirement: 10 ml Whole Blood (ED					☐ JAK – 2 617 mutation			
BCR-ABL Qualitative Analysis by RT – PCR BCR-ABL Quantitative Analysis by RQ – PCR BCR-ABL Mutational Analysis								
FOR HEMOGLOBINOPATHY LAB USE ONLY								
Lab ID: DNA ID: Date Received: Type of Specimen: Whole Blood Bone Marrow pRBC Buffy Coat Serum Other: Condition of Specimen: Good Hemolyzed Clotted Dried Tech Initials:								
Comments:								