UCSF MOLECULAR DIAGNOSTICS LABORATORY
THALASSEmia TESTING REQUISITION FORM

PATIENT NAME: ______________________ DOB: __________ SPECIMEN I.D.: __________

ETHNIC BACKGROUND □ Asian □ Afr. Amer. □ Middle Eastern □ other: ____________________

SUBMITTING INSTITUTION: __________________ ORDERING PHYSICIAN: _________________

CONTACT INFO: _________________________________
Phone: _________________________________________
FAX: ___________________________________________

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Please provide the following clinical information:

<table>
<thead>
<tr>
<th>CBC</th>
<th>Hemoglobin Electrophoresis</th>
<th>Iron Studies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hgb (g/dL):</td>
<td>Hb A (%):</td>
<td>Fe (ug/dL):</td>
</tr>
<tr>
<td>RBC (x10^9/L):</td>
<td>Hb A_2 (%):</td>
<td>Ferritin (ug/dL):</td>
</tr>
<tr>
<td>MCV(FL):</td>
<td>Hb F (%):</td>
<td></td>
</tr>
<tr>
<td>Other (%): (specify)</td>
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<td></td>
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</tbody>
</table>

Transfusion History: ___________________________ Last Transfusion Date: ________________

Indication for Testing / Family History: _______________________________________________

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ALPHA THALASSEmia (ICD9 282.4)

Please check level of testing desired:

□ (ATHL) Detection of common Alpha-Globin gene deletions
□ (HBCS) Alpha-Globin Point Mutations (Includes Hb Constant Spring, Hb Pakse, Hb Quong Sze)

BETA THALASSEmia, SICKLE CELL ANEMIA AND COMMON Hb VARIANTS (ICD9 282.60, 282.4)

Please check level of testing desired:

□ (BTHL) Screen for 59 common point mutations in the Beta-Globin gene.
□ (BDEL) Reflex to Beta-Globin gene deletions (if common mutation testing is negative).
□ (BGSQ) Reflex to Beta-Globin DNA sequencing (if common mutation and deletion testing are negative).

HEMOGLOBINOPATHY EVALUATION

□ (HBEP) Hemoglobin quantitation by HPLC.