

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:

CBC		Hemoglobin Electrophoresis		Iron Studies	
Hgb (g/dL):		Hb A (%):		Fe (ug/dL):	
RBC (x10 ⁹ /uL):		Hb A ₂ (%):		Ferritin (ug/dL):	
MCV(fL):		Hb F (%):			
		Other (%):			
		(specify)			

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.