

**Requisition form for Hemoglobinopathy Testing
Hemoglobinopathy Reference Laboratory
UCSF Benioff Children's Hospital & Research Center Oakland**

747 52nd Street, Oakland, CA 94609

Phone: (510) 450-7688

Fax: (510) 601-3928

Email: mahin.azimi@ucsf.edu

Patient name: _____ **DOB:** _____ **Ethnicity:** _____

Date of Sample Collection: _____

Recent Transfusion: **Yes** **No** **If yes, date of transfusion:** _____

Ordering Physician/ Sender's information: _____

Billing information, email address: _____

Address: _____

City/State/Zip: _____ **Phone:** _____ **Fax:** _____

Please provide the following laboratory information (if available):

| | | |
|---------------------------------|-----------------|-------------------------|
| Hb: _____ g/dL | HbA: _____ % | Serum Iron: _____ ug/dL |
| RBC: _____ x10 ⁹ /ul | HbA2: _____ % | Ferritin: _____ ug/dL |
| MCV: _____ fL | HbF: _____ % | |
| | Others: _____ % | |

Check tests requested:

___ **Special testing for prenatal screening**

___ **Screening cord blood for hemoglobinopathies and thalassemia**

___ Hb determination by Isoelectric Focusing (IEF), HPLC, Capillary Electrophoresis

___ Genotyping for Alpha Globin gene deletions (Multiplex GAP_PCR)

___ DNA sequencing for the Beta Globin gene

___ DNA sequencing for Alpha Globin gene

___ DNA sequencing for Gamma Globin gene

___ MLPA (Multiplex Ligation_dependent Probe Amplification) for Alpha Globin gene cluster

___ MLPA (Multiplex Ligation_dependent Probe Amplification) for Beta Globin gene cluster

___ Alpha Globin gene Triplication

___ HPFH (Hereditary Persistence of Fetal Hemoglobin)

___ Other specialized tests (please specify): _____

Sample Collection and Shipping

This package includes information for the requisition of **clinical diagnostic** tests performed by the **Hemoglobinopathy Reference Laboratory**. For questions, please contact:

Mahin Azimi, CLS

Phone: (510) 450_7688, or (510) 450_7944

Fax: (510) 601_3928

Email: mahin.azimi@ucsf.edu

Please complete the requisition form. Visit www.erythrosite.com for detailed information on the tests provided.

Please carefully read the sample collection and shipping instructions, and label the collection tubes clearly.

Do not freeze!!!

- When the temperature in the sample collection tube decreases below freezing point, the blood cells will hemolyze!!
- It is important to consider that "cold packs" routinely kept in the freezer compartment of laboratory freezers are at a temperature of -20°C.
- Direct contact of these packs with sample tubes will lead to freezing and renders the sample un_useable.
- Package tubes with sufficient airspace between ice packs and tube (bubble wrap, inserted in secondary tube) to avoid direct contact.

Procedures for Collection, Handling and Mailing of Whole Blood Specimens

Blood Specimen Collection:

Newborns:

Blood specimen obtained via a heel stick or venipuncture. Collect 0.3 to 0.5 ml whole blood into one microcontainer purple top EDTA tube. Immediately invert the tube several times to ensure complete mixing of blood with anticoagulant in the tube. Label the tube with the patient's ID number and collection date.

Infants six months of age or older:

Blood specimen obtained via a venipuncture. Collect a minimum of 2 ml whole blood into a 3 or 5 ml size purple top EDTA tube. Immediately invert the tube several times to ensure complete mixing of blood with anticoagulant in the tube. Label the tube with the patient's ID number and collection date.

Adults:

Blood specimen obtained by venipuncture. Collect 2.5 ml whole blood into a 5 ml size purple top EDTA tube. Immediately invert the tube several times to ensure complete mixing of blood with anticoagulant in the tube. Label the tube with the patient's ID number and collection date.

Blood Specimen Packaging:

1. Label all specimens with the patient's name, date of birth, date of collection. (If the specimen is a source other than blood, please make a separate note of this and provide your contact information)
2. Insert the specimen tubes into a BIOHAZARD Ziplock plastic bag with absorbent material (e.g. paper towel) and seal.
3. Insert the sealed plastic bag into the mailing case. Cap the mailing case closed.
4. Ship specimen (overnight) to the address below.
5. Please call the Hemoglobinopathy Reference Laboratory if you have any questions about specimen collection or mailing: 510-450-7688.

Shipping:

Attn: Mahin Azimi
Hemoglobinopathy Reference Laboratory
UCSF Benioff Children's Hospital & Research Center Oakland
747 52nd Street, Oakland, CA 94609
(510) 450-7688