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DIN EN ISO/IEC 17025

Deutsche Akkreditierungsstelle D-PL-13227-01-00

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Deutsche Akkreditierungsstelle D-ML-13228-01-00

Prof. Dr. med. Dr. phil. Torsten Haferlach, Prof. Dr. med. Wolfgang Kern, Prof. Dr. med. Claudia Haferlach

Request Form - hemoglobinopathy

Sample receipt: Monday to Saturday, Sunday after telephone registration

Required test material: EDTA peripheral blood and serum

Surname, first name:

Date of birth: Sex: m ◯ f ◯

Address:

Frame for patient label

Test material:
- ◯ EDTA peripheral blood (3 ml), hemoglobin electrophoresis
- ◯ Serum (7.5 ml), iron status
- ◯ EDTA peripheral blood (7.5 ml), molecular genetics

Sampling date:

Sampling time:

◯ Initial diagnosis ◯ Follow-up

Analysis:
- ◯ **Laboratory diagnostics/ Clinical Chemistry:** **and/or**
  - ◯ Hemoglobin electrophoresis incl. CBC (EDTA peripheral blood 3 ml)
  - ◯ Iron status (Ferritin, sTfR, CRP) (Serum 7.5 ml)
- ◯ **Molecular genetics (MLPA, NGS)** (EDTA peripheral blood 7.5 ml)
- ◯ **(step-by-step) Diagnostics according to guidelines/ recommendations of the professional societies#** (EDTA peripheral blood 3 ml and 7.5 ml, Serum 7.5 ml)

Includes molecular genetic testing of the alpha- and beta-gene complex depending on the results

Laboratory results:

Complete blood count (CBC)

Leukocytes:	/µl	MCH:	pg
Hemoglobin:	g/dl	MCV:	fl
Erythrocytes:	x 10⁶/µl	MCHC:	g/dl
Platelets:	/µl	RDW-CV:	%

Iron status

Ferritin: µg/l

Transferrin saturation: %

Other iron parameters:

Transfusion: ◯ No ◯ Yes, last on:

(Suspected) Diagnosis, other pathological findings, relevant medication:

- ◯ **Thalassemia**
  - ◯ α-thalassemia
  - ◯ β-thalassemia
  - ◯ (γ)δβ-thalassemia
  - ◯ Other thalassemia
- ◯ **Structural hemoglobin variant**
  - ◯ HbS (sickle cell disease)
  - ◯ HbE
  - ◯ HbC
  - ◯ Other variant
- ◯ **Other hemoglobinopathy**
  - ◯ HPFH (hereditary persistence of fetal hemoglobin)
  - ◯ Unstable hemoglobin

I confirm the consent of the patient in accordance with national laws and regulations for diagnostics of hereditary diseases.

Requesting physician (stamp) with telephone number and fax number: