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Akkreditiert:  
 DIN EN ISO/IEC 17025



Akkreditiert:  
 DIN EN ISO 15189

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# 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:**
  - 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 10 <sup>6</sup> /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: