



Instructions: The information requested below is important for interpretation of test results. To help us provide the best possible service, answer the questions completely and send the paperwork with the specimen. If not ordering electronically, fill out and send the [Benign Hematology Test Request](#).

Patient Information

Patient Name <i>(Last, First, Middle)</i>	Birth Date <i>(mm-dd-yyyy)</i>	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Referring Provider Name <i>(Last, First)</i>	Phone	Email

Ethnic Origin/Race Check all that apply.

African Arab Caucasian Hispanic Mediterranean Southeast Asian
 Other, specify: _____

Clinical History

<p>CBC Data</p> <p>WBC: _____ HGB: _____ HCT: _____ RBC: _____ MCV: _____ MCH: _____ MCHC: _____ RDW: _____ PLT: _____ Retic%: _____ Abs Retic: _____ Ferritin: _____</p>	<p>Relevant Clinical Information</p> <p><input type="checkbox"/> Asymptomatic <input type="checkbox"/> Symptomatic: _____ <input type="checkbox"/> Acquired <input type="checkbox"/> Lifelong/familial <input type="checkbox"/> Perinatal/neonatal <input type="checkbox"/> Chronic <input type="checkbox"/> Episodic/sporadic</p> <p>Recent transfusion: <input type="checkbox"/> Yes <input type="checkbox"/> No Last transfusion date <i>(mm-dd-yyyy)</i>: _____ Family history: <input type="checkbox"/> Yes <input type="checkbox"/> No Disorder/relation to patient: _____ Parental consanguinity: <input type="checkbox"/> Yes <input type="checkbox"/> No Blood smear shows: _____ Bone marrow shows: _____</p>
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Indication for Testing See Metabolic Hematology Profile Comparison Chart.

<p>Suspect</p> <p><input type="checkbox"/> Hereditary spherocytosis <input type="checkbox"/> Hereditary elliptocytosis <input type="checkbox"/> Hereditary pyropoikilocytosis <input type="checkbox"/> Hereditary stomatocytosis <input type="checkbox"/> Southeast Asian ovalocytosis <input type="checkbox"/> Congenital dyserythropoietic anemia <input type="checkbox"/> Enzyme disorder: _____ <input type="checkbox"/> Other: _____</p>	<p>Previous Results</p> <p>Previous protein/functional testing: <input type="checkbox"/> Yes: _____ <input type="checkbox"/> Hb electrophoresis: _____</p> <p><input type="checkbox"/> G6PD activity level: _____ Coombs: <input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Not done <input type="checkbox"/> PK activity level: _____ Splenectomy: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Other enzyme level(s): _____ <input type="checkbox"/> Osmotic fragility: <input type="checkbox"/> Normal <input type="checkbox"/> Increased <input type="checkbox"/> Decreased <input type="checkbox"/> Not performed <input type="checkbox"/> EMA binding/Band3: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not performed <input type="checkbox"/> Ektacytometry: _____</p>
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Test Guidance See Metabolic Hematology Profile Comparison Chart for assistance in test selection.

<ul style="list-style-type: none"> • NGHHA (Hereditary Hemolytic Anemia Comprehensive Sequencing) • NGCDA (Congenital Dyserythropoietic Anemia Sequencing) 	<ul style="list-style-type: none"> • NGENZ (Red Blood Cell Enzyme Sequencing) • NGMEM (Red Blood Cell Membrane Sequencing)
<p>This testing can be ordered electronically or submit a manual test request form—Benign Hematology Test Request: MC0767-07. (See Metabolic Hematology Patient Information: MC1235-251 if questions.)</p>	

Additional Clinical Information