



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**. All answers will be kept confidential.

Patient Information

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

CBC Data	Relevant Clinical Information
HGB: _____	<input type="checkbox"/> Asymptomatic <input type="checkbox"/> Symptomatic: _____
HCT: _____	<input type="checkbox"/> Acquired <input type="checkbox"/> Lifelong/familial
RBC: _____	Recent transfusion: <input type="checkbox"/> Yes <input type="checkbox"/> No Last transfusion date <i>(mm-dd-yyyy)</i> : _____
MCV: _____	Hydroxyurea: <input type="checkbox"/> Yes <input type="checkbox"/> No
MCH: _____	Family history: <input type="checkbox"/> Yes <input type="checkbox"/> No Disorder/relation to patient: _____
MCHC: _____	Blood smear shows: _____
RDW: _____	
Retics: _____	
Ferritin: _____	

Indication for Testing See Metabolic Hematology Profile Comparison Chart.

Hemoglobin Disorder (consider THEV1 or HBEL1)	Hemolytic Anemia (consider HAEV1, RBCME, or EEEV1)	Erythrocytosis (consider REVE1)
<input type="checkbox"/> Genetic counseling or prenatal <input type="checkbox"/> Abnormal newborn screen <input type="checkbox"/> Anemia <input type="checkbox"/> Microcytosis <input type="checkbox"/> Other: _____ <input type="checkbox"/> Monitoring of Hb fractions (order HGBCE) <input type="checkbox"/> Cyanosis/Hypoxia (order MEV1 + P50B)	Suspect <input type="checkbox"/> HS <input type="checkbox"/> HE <input type="checkbox"/> HPP <input type="checkbox"/> HSt <input type="checkbox"/> Enzyme disorder: _____ Coombs: <input type="checkbox"/> Pos <input type="checkbox"/> Neg Splenectomy: <input type="checkbox"/> Yes <input type="checkbox"/> No	JAK2V617F: <input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Not done JAK2 Exon 12: <input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Not done Serum Epo: _____ p50 result: _____ Phlebotomy: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Smoker <input type="checkbox"/> Sleep apnea <input type="checkbox"/> Cardio/pulmonary Hx <input type="checkbox"/> _____

Test Reflex Options

As part of HBEL1, THEV1, HAEV1, REVE1 and MEV1 evaluations, the following 4 options are available:

1. Do **NOT** perform molecular testing.
2. Add only alpha globin deletion/duplication testing for common alpha thalassemias.
3. Mayo expert selection of relevant molecular testing (if needed) to explain/exclude: _____
4. Perform the following tests regardless of protein results: _____

Additional Clinical Information