



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.

Patient Information

Patient Name <i>(Last, First, Middle)</i>		Birth Date <i>(mm-dd-yyyy)</i>
Sex Assigned at Birth <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown <input type="checkbox"/> Choose not to disclose	Legal/Administrative Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Nonbinary	

Referring Provider Information

Referring Provider Name <i>(Last, First)</i>	Phone	Email
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Reason for Testing

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Ancestry Check all that apply.

<input type="checkbox"/> African <input type="checkbox"/> Arab <input type="checkbox"/> European <input type="checkbox"/> Hispanic <input type="checkbox"/> Mediterranean <input type="checkbox"/> Southeast Asian <input type="checkbox"/> Other, specify: _____
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Clinical History

<p>CBC Data</p> <p>WBC: _____ MCHC: _____ HGB: _____ RDW: _____ HCT: _____ PLT: _____ RBC: _____ Retics%: _____ MCV: _____ Abs Retic: _____ MCH: _____ 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 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: _____ <input type="checkbox"/> Cyanosis <input type="checkbox"/> Hypoxia Cytochrome B5 Reductase Activity: _____ Met/Sulf hemoglobin levels: _____</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"/> Congenital methemoglobinemia <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: _____ <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): _____ Splenomegaly: <input type="checkbox"/> Yes <input type="checkbox"/> No <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"> • NHHA (Hereditary Hemolytic Anemia Full Genetic Panel) • NCDA (Congenital Dyserythropoietic Anemia Genetic Subpanel) <p>See Metabolic Hematology Patient Information if questions.</p>	<ul style="list-style-type: none"> • NENZ (Red Blood Cell Enzyme Disorders Genetic Subpanel) • NMEM (Red Blood Cell Membrane Disorders Genetic Subpanel)
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Additional Clinical Information

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