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**Reporting Title:** Beta Globin Cluster Locus Del/Dup**Performing Location:** Rochester**Additional Testing Requirements:**

Hemoglobin electrophoresis studies performed at Mayo Clinic Laboratories are highly recommended prior to this test to allow for more complete interpretation of results. See HBEL1 / Hemoglobin Electrophoresis Evaluation, Blood or THEV1 / Thalassemia and Hemoglobinopathy Evaluation, Blood and Serum.

**Shipping Instructions:**

Specimens must arrive within 4 days (96 hours) of collection.

**Necessary Information:**

Metabolic Hematology Patient Information (T810) is required; see Special Instructions. Send a completed form with the specimen. Document the reason for suspecting a large beta cluster locus deletion along with the hemoglobin F percentage and red blood cell indices for the patient.

**Specimen Requirements:**

Specimen Type: Whole blood

Collection Container/Tube:

Preferred: Lavender top (EDTA)

Acceptable: Yellow top (ACD)

Specimen Volume: 4 mL

Collection Instructions:

1. Invert several times to mix blood.
2. Send whole blood specimen in the original tube. Do not aliquot.

Specimen Stability Information: Refrigerated: 30 days; Ambient: 8 hours

**Specimen Minimum Volume:**

2 mL

**Forms:**

1. New York Clients-Informed consent is required. Document on the request form or electronic order that a copy is on file. The following documents are available in Special Instructions:

-Informed Consent for Genetic Testing (T576)

-Informed Consent for Genetic Testing-Spanish (T826)

2. If not ordering electronically, complete, print, and send 1 of the following forms with the specimen:

Metabolic Hematology Patient Information (T810) is required.

Benign Hematology Test Request (T755)

Specimen Type	Temperature	Time	Special Container
Varies	Varies		

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
48361	Beta Globin Cluster Locus Del/Dup	Alphanumeric		50397-9
48438	Specimen	Alphanumeric		31208-2
48360	Reviewed by	Alphanumeric		18771-6
48362	Interpretation	Alphanumeric		69047-9

LOINC and CPT codes are provided by the performing laboratory.

**Supplemental Report:**

No

**CPT Code Information:**

81363-HBB (hemoglobin, beta, beta-globin) (eg, beta thalassemia), duplication/deletion analysis

**Reference Values:**

An interpretive report will be provided.