

**Requisition form for Hemoglobinopathy Testing  
Hemoglobinopathy Reference Laboratory  
UCSF Benioff Children's Hospital & Research Center Oakland**

747 52nd Street, Oakland, CA 94609

Phone: (510) 450-7688

Fax: (510) 601-3928

Email: [shabnam.tavassoli@ucsf.edu](mailto:shabnam.tavassoli@ucsf.edu)

**Patient name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Ethnicity:** \_\_\_\_\_

**Date of Sample Collection:** \_\_\_\_\_

**Recent Transfusion:**      **Yes**      **No**      **If yes, date of transfusion:** \_\_\_\_\_

**Ordering Physician/ Sender's information:** \_\_\_\_\_

**Billing information, email address:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City/State/Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Please provide the following laboratory information (if available):**

Hb: _____ g/dL	HbA: _____ %	Serum Iron: _____ ug/dL
RBC: _____ x10 <sup>9</sup> /ul	HbA2: _____ %	Ferritin: _____ ug/dL
MCV: _____ fL	HbF: _____ %	
	Others: _____ %	

***Check tests requested:***

\_\_\_ **Special testing for prenatal screening**

\_\_\_ **Screening cord blood for hemoglobinopathies and thalassemia**

\_\_\_ Hb determination by Isoelectric Focusing (IEF), HPLC, Capillary Electrophoresis

\_\_\_ Genotyping for Alpha Globin gene deletions (Multiplex GAP\_PCR)

\_\_\_ DNA sequencing for the Beta Globin gene

\_\_\_ DNA sequencing for Alpha Globin gene

\_\_\_ DNA sequencing for Gamma Globin gene

\_\_\_ MLPA (Multiplex Ligation\_dependent Probe Amplification) for Alpha Globin gene cluster

\_\_\_ MLPA (Multiplex Ligation\_dependent Probe Amplification) for Beta Globin gene cluster

\_\_\_ Alpha Globin gene Triplication

\_\_\_ HPFH (Hereditary Persistence of Fetal Hemoglobin)

\_\_\_ Other specialized tests (please specify): \_\_\_\_\_

## Sample Collection and Shipping

This package includes information for the requisition of **clinical diagnostic** tests performed by the **Hemoglobinopathy Reference Laboratory**. For questions, please contact:

Shabnam Tavassoli PhD, CLS (ASCP), Supervisor

Phone: (510) 450-7688,

Fax: (510) 601-3928

Email: [shabnam.tavassoli@ucsf.edu](mailto:shabnam.tavassoli@ucsf.edu)

Please complete the requisition form. Visit [www.erythrosite.com](http://www.erythrosite.com) for detailed information on the tests provided.

**Please carefully read the sample collection and shipping instructions, and label the collection tubes clearly.**

### Do not freeze!!!

- When the temperature in the sample collection tube decreases below freezing point, the blood cells will hemolyze!!
- It is important to consider that “cold packs” routinely kept in the freezer compartment of laboratory freezers are at a temperature of -20°C.
- Direct contact of these packs with sample tubes will lead to freezing and renders the sample un\_useable.
- Package tubes with sufficient airspace between ice packs and tube (bubble wrap, inserted in secondary tube) to avoid direct contact.

## **Procedures for Collection, Handling and Mailing of Whole Blood Specimens**

### **Blood Specimen Collection:**

#### **Newborns:**

Blood specimen obtained via a heel stick or venipuncture. Collect 0.3 to 0.5 ml whole blood into one microcontainer purple top EDTA tube. Immediately invert the tube several times to ensure complete mixing of blood with anticoagulant in the tube. Label the tube with the patient's ID number and collection date.

#### **Infants six months of age or older:**

Blood specimen obtained via a venipuncture. Collect a minimum of 2 ml whole blood into a 3 or 5 ml size purple top EDTA tube. Immediately invert the tube several times to ensure complete mixing of blood with anticoagulant in the tube. Label the tube with the patient's ID number and collection date.

#### **Adults:**

Blood specimen obtained by venipuncture. Collect 2.5 ml whole blood into a 5 ml size purple top EDTA tube. Immediately invert the tube several times to ensure complete mixing of blood with anticoagulant in the tube. Label the tube with the patient's ID number and collection date.

### **Blood Specimen Packaging:**

1. Label all specimens with the patient's name, date of birth, date of collection. (If the specimen is a source other than blood, please make a separate note of this and provide your contact information)
2. Insert the specimen tubes into a BIOHAZARD Ziplock plastic bag with absorbent material (e.g. paper towel) and seal.
3. Insert the sealed plastic bag into the mailing case. Cap the mailing case closed.
4. Ship specimen (overnight) to the address below.
5. Please call the Hemoglobinopathy Reference Laboratory if you have any questions about specimen collection or mailing: 510-450-7688.

### **Shipping:**

Attn: Shabnam Tavassoli, Supervisor  
Hemoglobinopathy Reference Laboratory  
UCSF Benioff Children's Hospital & Research Center Oakland  
747 52nd Street, Oakland, CA 94609  
(510) 450-7688