

**Reporting Title:** Hb Electrophoresis Evaluation

**Performing Location** Rochester

**Necessary Information:**

Include recent transfusion information.

Include most recent complete blood cell count results.

**Metabolic Hematology Patient Information (T810) is strongly recommended.** Testing may proceed without this information, however if the information requested is received, any pertinent reported clinical features and data will drive the focus of the evaluation and be considered in the interpretation.

The laboratory has extensive experience in hemoglobin variant identification and many cases can be confidently classified without molecular testing. However, molecular confirmation is always available, subject to sufficient sample quantity (eg, multiplex ligation-dependent probe amplification testing requires at least 2 mL of sample in addition to protein testing requirements). If no molecular testing or specific molecular tests are desired, utilize the appropriate check boxes on the form. If the form or other communication is not received, the reviewing hematopathologist will select appropriate tests to sufficiently explain the protein findings which may or may not include molecular testing.

**Specimen Requirements:**
**Container/Tube:**
**Preferred:** Lavender top (EDTA)

**Acceptable:** Yellow top (ACD solution B), green top (sodium heparin)

**Specimen Volume:** 10 mL

**Collection Instructions:** Send whole blood specimen in original tube. **Do not aliquot.**
**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. [Metabolic Hematology Patient Information](#) (T810) in Special Instructions

3. [If not ordering electronically, complete, print, and send a Benign Hematology Test Request](#) (T755) with the specimen

Specimen Type	Temperature	Time	Special Container
Whole Blood EDTA	Refrigerated (preferred)	7 days	

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC
41927	Hb A	Numeric	%	20572-4
41928	Hb F	Numeric	%	4576-5
41929	Hb A2	Numeric	%	4551-8
41930	Variant 1	Alphanumeric	%	24469-9
41931	Variant 2	Alphanumeric	%	24469-9
41932	Variant 3	Alphanumeric	%	24469-9

41933	HGBCE Interpretation	Alphanumeric		78748-1
65615	HPLC Hb Variant, B	Alphanumeric		No LOINC Needed
608088	Hb Electrophoresis Interpretation	Alphanumeric		49316-3
609421	Hb Electrophoresis Interp Cancel	Alphanumeric		No LOINC Needed

LOINC and CPT codes are provided by the performing laboratory.

### Supplemental Report:

No

### Components:

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
HBELI	Hb Electrophoresis Interpretation	1	NA -	Yes	No
HGBCE	Hb Variant, A2 and F Quantitation, B	1	83020	Yes	Yes
HPLC	HPLC Hb Variant, B	1	83021	Yes	No

### CPT Code Information:

83020-Quantitation by electrophoresis

83021-Quantitation by HPLC

82664-Electrophoresis, not elsewhere specified (if appropriate)

83068 (if appropriate)

83789 (if appropriate)

88184 (if appropriate)

83020-26 (if appropriate)

### Reflex Tests:

Test Id	Reporting Name	CPT Units	CPT Code	Always Performed	Available Separately
HPFH	Hb F Distribution, B	1	88184	No	No
MASS	Hb Variant by Mass Spec, B	1	83789	No	No
SDEX	Sickle Solubility, B	1	85660	No	Yes
IEF	Isoelectric Focusing, B	1	82664	No	No
UNHB	Hb Stability, B	1	83068	No	No
ATHAL	Alpha-Globin Gene Analysis	1	81269	No	Yes
WASQR	Alpha Globin Gene Sequencing, B	1	81259	No	Yes, (Order WASEQ)
WBSQR	Beta Globin Gene Sequencing, B	1	81364	No	Yes, (Order WBSEQ)
WBDDR	Beta Globin Cluster Locus Del/Dup, B	1	81363	No	Yes, (Order WBDD)
WGSQR	Gamma Globin Full Gene Sequencing	1	81479	No	Yes, (Order WGSEQ)
HBEL0	Hb Electrophoresis Summary Interp	1	83020	No	No

### Reference Values:

Hemoglobin Electrophoresis Interpretation

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Definitive results and an interpretative report will be provided.

Hemoglobin Variant, A2 and F Quantitation

HEMOGLOBIN A

1-30 days: 5.9-77.2%  
1-2 months: 7.9-92.4%  
3-5 months: 54.7-97.1%  
6-8 months: 80.0-98.0%  
9-12 months: 86.2-98.0%  
13-17 months: 88.8-98.0%  
18-23 months: 90.4-98.0%  
> or =24 months: 95.8-98.0%

HEMOGLOBIN A2

1-30 days: 0.0-2.1%  
1-2 months: 0.0-2.6%  
3-5 months: 1.3-3.1%  
> or =6 months: 2.0-3.3%

HEMOGLOBIN F

1-30 days: 22.8-92.0%  
1-2 months: 7.6-89.8%  
3-5 months: 1.6-42.2%  
6-8 months: 0.0-16.7%  
9-12 months: 0.0-10.5%  
13-17 months: 0.0-7.9%  
18-23 months: 0.0-6.3%  
> or =24 months: 0.0-0.9%

VARIANT 1

0.0

VARIANT 2

0.0

VARIANT 3

0.0