



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. If not ordering electronically, fill out and send the [Benign Hematology Test Request](#).

Patient Information

Name <i>(Last, First, Middle)</i>	Birth Date <i>(mm-dd-yyyy)</i>	Gender <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
WBC: _____	<input type="checkbox"/> Asymptomatic <input type="checkbox"/> Symptomatic: _____
HGB: _____	<input type="checkbox"/> Acquired <input type="checkbox"/> Lifelong/familial <input type="checkbox"/> Perinatal/neonatal <input type="checkbox"/> Chronic <input type="checkbox"/> Episodic/sporadic
HCT: _____	Recent transfusion: <input type="checkbox"/> Yes <input type="checkbox"/> No Last transfusion date <i>(mm-dd-yyyy)</i> : _____
RBC: _____	Family history: <input type="checkbox"/> Yes <input type="checkbox"/> No Disorder/relation to patient: _____
MCV: _____	Parental consanguinity: <input type="checkbox"/> Yes <input type="checkbox"/> No
MCH: _____	Blood smear shows: _____
MCHC: _____	Bone marrow shows: _____
RDW: _____	
PLT: _____	
Retics%: _____	
Abs Retic: _____	
Ferritin: _____	

Indication for Testing (See Metabolic Hematology Profile Comparison Chart)

Suspect	Previous Results
<input type="checkbox"/> Hereditary spherocytosis	Previous protein/functional testing: <input type="checkbox"/> Yes: _____
<input type="checkbox"/> Hereditary elliptocytosis	<input type="checkbox"/> Hb electrophoresis: _____
<input type="checkbox"/> Hereditary pyropoikilocytosis	<input type="checkbox"/> G6PD activity level: _____ Coombs: <input type="checkbox"/> Pos <input type="checkbox"/> Neg <input type="checkbox"/> Not done
<input type="checkbox"/> Hereditary stomatocytosis	<input type="checkbox"/> PK activity level: _____ Splenectomy: <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Southeast Asian ovalocytosis	<input type="checkbox"/> Other enzyme level(s): _____
<input type="checkbox"/> Congenital dyserythropoietic anemia	<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"/> Enzyme disorder: _____	<input type="checkbox"/> EMA binding/Band3: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Not performed
<input type="checkbox"/> Other: _____	<input type="checkbox"/> Ektacytometry: _____

Test Guidance (See Metabolic Hematology Profile Comparison Chart for assistance in test selection.)

- NGHHA (Hereditary Hemolytic Anemia Comprehensive Sequencing)
- NGCD (Congenital Dyserythropoietic Anemia Sequencing)
- NGENZ (Red Blood Cell Enzyme Sequencing)
- NGMEM (Red Blood Cell Membrane Sequencing)

This testing can be ordered electronically or submit a manual test request form—Benign Hematology Test Request: [MC0767-07](#).
 (See Metabolic Hematology Patient Information: [MC1235-251](#) if questions.)

Additional Clinical Information