



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. All answers will be kept confidential.

Patient Information

Form with fields for Name, Birth Date, Gender, Referring Provider Name, Phone, and Email.

Ethnic Origin/Race (Check all that apply.)

Form with checkboxes for African, Arab, Caucasian, Hispanic, Mediterranean, Southeast Asian, and Other (specify).

Clinical History

Form divided into CBC Data and Relevant Clinical Information sections.

Indication for Testing (See Metabolic Hematology Profile Comparison Chart)

Form with three columns: Hemoglobin Disorder, Hemolytic Anemia, and Erythrocytosis (consider REVE).

Test Reflex Options

Form with text and numbered list of test reflex options.

Additional Clinical Information

Large empty box for additional clinical information.