MAYO CLINIC LABORATORIES

FILE DEFINITION TEST CHANGE

Notification Date: November 4, 2026
Effective Date: December 8, 2026

Hemoglobin Electrophoresis Evaluation, Blood

Test ID: HBEL1

Explanation: Reflex test changes will take place on the effective date.

Current Reflex Tests	
Test ID	**Reporting Name**
HPFH	**Hb F Distribution, B**
MASS	Hb Variant by Mass Spec, B
SDEX	Sickle Solubility, B
IEF	Isoelectric Focusing, B
UNHB	Hb Stability, B
WASQR	Alpha Globin Gene Sequencing, B
WBSQR	Beta Globin Gene Sequencing, B
WGSQR	Gamma Globin Full Gene Sequencing
HBEL0	Hb Electrophoresis Summary Interp
WBGDR	Beta Globin Gene Cluster, Del/Dup,B
WAGDR	Alpha Globin Clustr Locus Del/Dup,B

New Reflex Tests	
Test ID	**Reporting Name**
HPFHR	**Hb F Distribution, B**
MASS	Hb Variant by Mass Spec, B
SDEX	Sickle Solubility, B
IEF	Isoelectric Focusing, B
UNHB	Hb Stability, B
WASQR	Alpha Globin Gene Sequencing, B
WBSQR	Beta Globin Gene Sequencing, B
WGSQR	Gamma Globin Full Gene Sequencing
HBEL0	Hb Electrophoresis Summary Interp
WBGDR	Beta Globin Gene Cluster, Del/Dup,B
WAGDR	Alpha Globin Clustr Locus Del/Dup,B

Current Days Performed
Monday through Thursday

New Days Performed
Monday through Friday

Questions

Contact Bethany Feind, Laboratory Resource Coordinator at 800-533-1710.

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