



Mr. QUSEA LUOAY AL NIJEM

PID NO : 46721

Age : 26 Years Sex : Male



Reference : CITI CARE MEDICAL CENTER

Sample Collected At :

CITICARE MEDICAL CENTER

Unit G03, Al Barsha South Bldg, Al Barsha South
Third, Dubai

VID : 5050101638

Registered on :

05-May-2025 05:46 PM

Collected on :

04-May-2025 09:00 PM

Reported on :

06-May-2025 06:25 PM

Investigation	Observed Value	Flag	Unit	Biological Reference Interval
HAEMOGLOBIN ELECTROPHORESIS				
* Foetal Haemoglobin (HbF) (EDTA Whole Blood, Capillary electrophoresis)	0.0		%	=/ < 0.5
* Haemoglobin A0 (Hb A0) (EDTA Whole Blood, Capillary electrophoresis)	97.2		%	96.8 - 97.8
* Haemoglobin A2 (Hb A2) (EDTA Whole Blood, Capillary electrophoresis)	2.8		%	2.2 - 3.4
* Haemoglobin S (HbS) (EDTA Whole Blood, Capillary electrophoresis)	-		%	0 - 0
* Haemoglobin D (HbD) (EDTA Whole Blood, Capillary electrophoresis)	-		%	0 - 0
* Haemoglobin C (HbC) (EDTA Whole Blood, Capillary electrophoresis)	-		%	0 - 0
* Haemoglobins E (HbE) (EDTA Whole Blood, Capillary electrophoresis)	-		%	0 - 0
* Impression: (EDTA Whole Blood, -)	No evidence of Beta Thalassemia or Haemoglobinopathy.			

INTERPRETATION:

- All results have to be correlated with age and history of blood transfusion. If there is a history of blood transfusion, repeat testing after 3 months from last date of transfusion is recommended.
- Iron Deficiency reduces HbA2 levels. HbA2 values between 1.5-2% constitute a grey zone which may be seen in both iron deficiency and in some thalassemias (eg. Alpha thalassemia). Correction of iron deficiency is advised before testing to ensure accurate results.
- Furthermore, even HbA2 values between 3.5-4% constitute a grey zone and molecular studies are recommended to rule out thalassemias.
- This test is only a screening test for Beta Thalassemia and hemoglobinopathies. Molecular/Genetic Studies is recommended to rule out alpha thalassemia and silent carriers.
- Mild to moderate increase in fetal hemoglobin can be seen in some acquired conditions such as pregnancy, megaloblastic anemia, thyrotoxicosis, hypoxia, recovering marrow, MDS, aplastic anemia, PNH, Chronic Kidney Disease, and medications such as Hydroxyurea, Erythropoietin, etc.
- In neonates and infants, repeat testing is advised after attaining one year of age for accurate results.
- The results should be considered in conjunction with family history, clinical picture, laboratory findings including RBC indices, iron studies and peripheral smear examination.
- In case of presence of hemoglobinopathy, DNA analysis of family members and genetic counselling is advised.

Please note update in method (Capillary electrophoresis), reference range and interpretation.

----- End Of Report -----

DR. ADLEY MARK FERNANDES
M.D (Pathology)
Pathologist

Ayana V. Shah
DR. VYOMA SHAH
M.D (Pathology)
Clinical Pathologist

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Reena
REENA BABU
Laboratory Technologist

This is an Electronically Authenticated Report.

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Test result pertains only to the sample tested and to be interpreted in the light of clinical history. These tests are accredited under ISO 15189 unless specified by (*).

