biosytech
MEDICAL LABORATORY

BML471042

Laboratory Investigation Report

Name	:	Ms. YUSSRA SHAUIL SACUR	**Ref No.**	:	
DOB	:	22/05/2004	**Sample No.**	:	2409481492
Age / Gender	:	20 Y 4 M / Female	**Collected**	:	26/09/2024 19:23
Referred by	:	CITICARE MEDICAL CENTER	**Registered**	:	28/09/2024 12:11
Centre	:	CITICARE MEDICAL CENTER	**Reported**	:	29/09/2024 16:34

HAEMATOLOGY

Test	Result	Flag	Unit	Reference Range	Methodology
HAEMOGLOBIN ELECTROPHORESIS^					
Foetal Haemoglobin (HbF)	0.0		%	=/< 0.5	Capillary electrophoresis
Haemoglobin A0 (Hb A0)	97.6		%	96.8 - 97.8	Capillary electrophoresis
Haemoglobin A2 (Hb A2)	2.4		%	2.2 - 3.4	Capillary electrophoresis
Haemoglobin S (HbS)	-		%	0 - 0	Capillary electrophoresis
Haemoglobin D (HbD)	-		%	0 - 0	Capillary electrophoresis
Haemoglobin C (HbC)	-		%	0 - 0	Capillary electrophoresis
Haemoglobins E (HbE)	-		%	0 - 0	Capillary electrophoresis

Impression: No evidence of Beta Thalassemia or Haemoglobinopathy.

INTERPRETATION NOTES :

1. 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.
2. 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.
3. Furthermore, even HbA2 values between 3.5-4% constitute a grey zone and molecular studies are recommended to rule out thalassemias.
4. 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.
5. 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.
6. In neonates and infants, repeat testing is advised after attaining one year of age for accurate results.
7. The results should be considered in conjunction with family history, clinical picture, laboratory findings including RBC indices, iron studies and peripheral smear examination.
8. 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.

Sample Type : *EDTA Whole Blood*

End of Report

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Pathologist

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Clinical Pathologist

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This is an electronically authenticated report

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