

Thalassemia Clinical Data Sheet

For Thalassemia/Hemoglobinopathy Phenotype Work-up

Forward this form directly to Red Cell Disorders lab

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*Patient Name (Last name, first name, middle): _____

Referring Medical History No. _____

*Referring Physician: _____ Physician's phone #: _____

*Date of birth: _____ Age: _____ *Sex: Male Female

*Is patient pregnant: No ___ Yes ___ EDC: _____

*Ethnic Background: _____
Please be as explicit as possible; e.g. if patient is Caucasian, is (s)he an ethnic Mediterranean (Greek, Italian); if Asian, is (s)he Cambodian, Laotian, Korean, North/South Chinese, etc.

Pertinent Family History: _____

Lab Results: Lab Data Attached OR Fill in below

***CBC**
Hb _____ Hct _____ MCV _____ MCH _____ MCHC _____
date performed: _____

* Information is required to complete the thalassemia work-up.

Pediatric patients only
Washington State Dept. of Health Newborn Hb screen result _____

Fe Studies

Is patient currently receiving iron therapy?

Yes No

Has patient received a blood transfusion within the past 4 months?

Yes No

<u>Test</u>	<u>Result</u>	<u>Reference</u> <u>Range</u>	<u>Unit</u>	<u>Date</u> <u>Drawn</u>
FE	_____	_____	_____	_____
TIBC	_____	_____	_____	_____
%Sat.	_____	_____	_____	_____
Ferritin	_____	_____	_____	_____

Results need to be within the past month

Completion of the above information will assist us in reflexive testing pathway selection and interpretation of the results. This information is particularly useful in screening for hemoglobinopathies and thalassemia because test results for these disorders are influenced by one or more of the factors listed above.