

Patient Name	:		Bill Date	:	
DOB/Age/Gender	:		Sample Collected	:	
Patient ID / UHID	:		Sample Received	:	
Referred By	:		Report Date	:	
Sample Type	:		Report Status	:	
Barcode No	:				

Test Description	Value(s)	Unit(s)	Reference Range
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HEMATOLOGY REPORT

Hemoglobin Variant Analysis (HB HPLC)

Hemoglobin Method : colorimetric	12	g/dL	12.0 - 15.0
RBC Count Method : Electrical impedance	4	10 ⁶ /μl	3.8 - 4.8
PCV Method : Calculated	36.1	%	36 - 46
MCV Method : Calculated	90.6	fl	83 - 101
MCH Method : Calculated	30.1	pg	27 - 32
MCHC Method : Calculated	33.2	g/dL	31.5 - 34.5
RDW (CV) Method : Calculated	14.4	%	11.6 - 14.0
RDW-SD Method : Calculated	46.2	fl	35.1 - 43.9
Foetal Haemoglobin (HbF) Method : HPLC	0.4	%	0-2
Haemoglobin A2 (HbA2) Method : HPLC	2.7	%	1.5-3.7
Haemoglobin A0 (Hb A0) Method : HPLC	96.9	%	94.3-98.5
Haemoglobin D (HbD) Method : HPLC	0	%	0-0
Haemoglobin S (HbS) Method : HPLC	0	%	0-0
Haemoglobin C (HbC) Method : HPLC	0	%	0-0
Haemoglobin E (HbE) Method : HPLC	0	%	0-0
Impression	No Evidence of Hemoglobinopathy.		-

Interpretation:

Method: HPLC (High performance liquid chromatography), on whole blood.

- All results have to be correlated with age and history of blood transfusion. If there is history of blood transfusion in last 3 months, repeat testing after 3 months from last date of transfusion is recommended.
- In case of haemoglobinopathy, parents or family studies and counseling is advised.
- This test detects Beta thalassaemia and haemoglobinopathies. DNA analysis is recommended to rule out alpha thalassaemia and silent carriers.
- Mild to moderate increase in fetal haemoglobin can be seen in some acquired conditions like Pregnancy, Megaloblastic anaemia, Thyrotoxicosis, Hypoxia, Chronic kidney disease, Recovering marrow, MDS, Aplastic anaemia, PNH, Medications (Hydroxyurea, Erythropoietin) etc.



Dr. Islam Barkatullah Khan

**Dr. Islam Barkatullah Khan
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Consultant Pathologist

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 Processing Lab :- Redcliffe Lifetech Pvt. Ltd., H-55, Sector-63, Noida, Uttar Pradesh - 201301
Kalpna Chawla Hospital, Karnal, Haryana-132001

All Lab results are subject to clinical interpretation by qualified medical professional and this report is not subject to use for any medico-legal purpose.

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5. P3 window- Above 10% is often indicative of either denatured forms of hemoglobins or may suggest a possibility of abnormal haemoglobin variant. Hence,repeat analysis with fresh sample or DNA studies is advised.
6. Iron deficiency Anaemia may be associated with low HbA2 result
7. Megaloblastic; Anaemia may be associated with elevated HbA2 levels (False high result)



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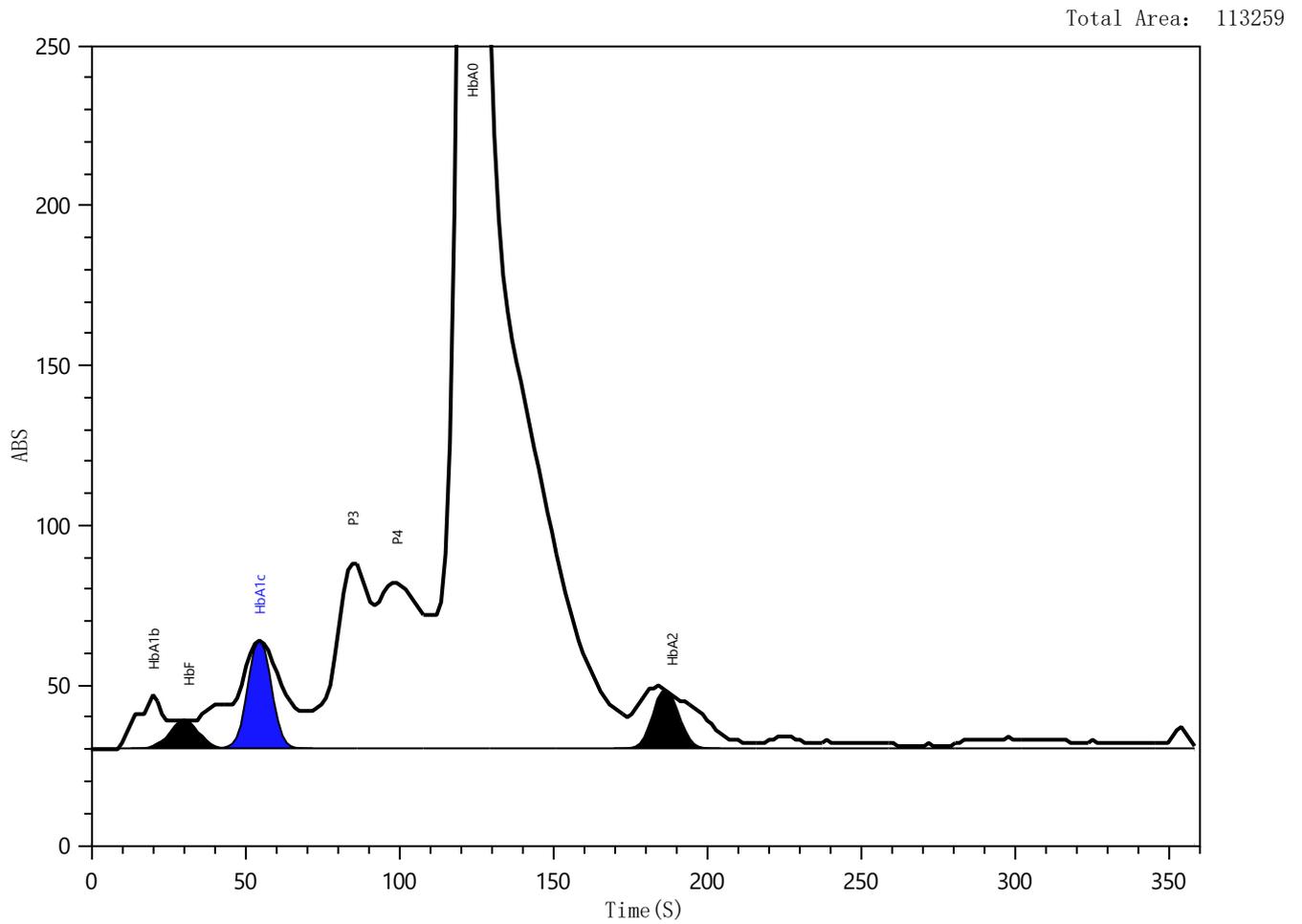
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Redcliffe Laboratory

Name: Case: Patient Type: Test Date:
Gender: Department: Sample Type: Sample Id:
Age: Bed no:

Peak Name	Time (s)	Absorbance	Area	Area (%)	Reference Value
HbA1b	20.2	47.0	2181.0	1.9	
HbF	31.2	39.0	1450.0	0.4	
HbA1c	54.9	64.0	4708.0	4.4	
P3	85.6	88.0	8002.0	7.1	
P4	98.9	82.0	9178.0	8.1	
HbA0	123.7	556.0	84971.0	75.4	
HbA2	188.4	47.0	2769.0	2.7	



Diagnosis:

Sender: Send Date: 2023-06-16 Report Date: 2023-06-16 Tester: Checker:
Comment:

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