Patient Name	**: Miss. AISHA MUNDA**	Specimen Drawn ON	: 21/Sep/2024 05:06PM
Age/Gender	: 16 YRS /F	Specimen Received ON	: 21/Sep/2024 05:06PM
UHID/MR No	: JRAN.0000050556	Report Date	: 24/Sep/2024 07:39PM
Visit ID	**: JRAN0950590**	Client Code	: 942
Ref Doctor	: Dr. SHASHANK KUMAR	Barcode No	: 10266424
Client Name	: AYUSH HOME CARE SERVICES (JH)	Ref Customer	: SELF

DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method
HAEMOGLOBIN ELECTROPHORESIS (HPLC)				
Sample Type : WHOLE BLOOD EDTA				
RBC Count	4.27	Millions/cumm	4.0-5.2	Impedance Variation
Haemoglobin (HB)	**7.5**	g/dl	11.5-15.5	Spectrophotometry
MCV	**55.5**	fL	77-95	
MCH	**17.7**	pg	25.0-33.0	Calculated
MCHC	31.9	g/dL	31.0-37.0	Calculated
RDW-CV	**23.7**	%	11.5-14.0	Calculated
HB A LEVEL	97.8	%	95.0-98.0	
HB A2 LEVEL	2.2	%	2.00- 3.50	HPLC
HB F (FOETAL HB) LEVEL	**0.0**	%	0.10-1.20	HPLC
Sickle Cell Window	0.0	%	0-0	
D - Window	0.0	%	0-0	
C - Window	0.0	%	0-0	
Unknown	0.0	%	0-0	

Impression The Hb HPLC analysis suggestive of normal chromatogram. No hemoglobinopathy is detected in present sample..

Advised

1. In view of a low hemoglobin with microcytic indices, suggestive of iron deficiency anemia, a repeat analysis is advised, after control of anemia.
2. Serum iron studies, Serum Ferritin, Serum Transferrin
3. To rule out alpha thalassemia screening by PCR in view of reduced RBC indices.
4. Kindly take into account history of recent blood transfusion and repeat analysis after 3 months of last blood transfusion.
5. Kindly correlate clinically.
6. Parental screening and DNA analysis must to reach a conclusive diagnosis.

NOTE:-Clinical interpretation of Hb HPLC is given considering the effects of blood transfusion,pregnancy,ethnic background,family history,age,RBC indices and nutritional anaemia.
Silent carrier & mild mutation of ß thalassemia trait may give normal HbA2 levels. DNA mutation analysis for thalassemia is suggested.

COMMENTS ON Hb VARIANT ANALYSIS: Results should always be correlated to the clinical picture and must not be interpreted in isolation. Red blood cell transfusion within the previous 4 months may mask or reduce the presence of abnormal

This report has been validated by:

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DMC NO. 21087

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SR. CONSULTANT PATHOLOGIST
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DR. UMA SHANKAR
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DMC NO. 68471

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DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method

hemoglobins

Hemoglobins A2, C, and S may be decreased in iron deficiency.
Hence in cases of concomitant iron deficiency, Hb-variant analysis may need to be repeated after iron supplementation therapy.
Megaloblastic anemia could falsely elevate the Hb A2 values.
HbF may attain adult value at variable time points during infancy and hence should be interpreted in coherence to other clinical findings. Degenerative changes in the EDTA blood sample may result in abnormal spikes in the P3 region.
False-negative tests are known to occur with hemoglobin S in patients with polycythemia or in those less than 3 months of age. **Borderline HbA2 values 3.6-4.0% could result due to some mild Beta thalassemia alleles or co-inheritance of delta thalassemia**,and should ideally be repeated after 4 months for confirmation. Hb fraction concentrations obtained on elution depend upon instrument calibration and may not add up to 100% on all occasions,results would however not interfere with clinical judgement. Glycated sub-fractions of HbA are added up to the A0 value.

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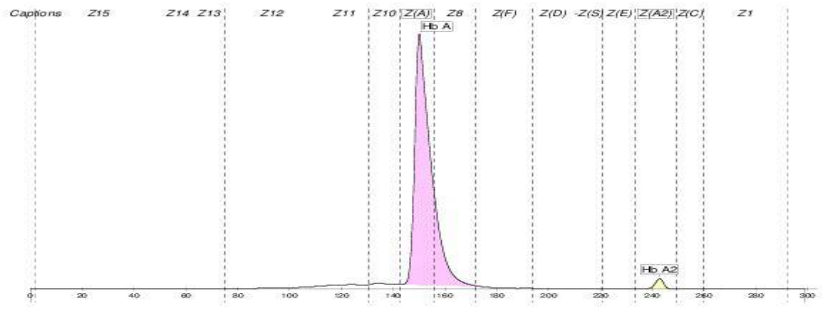
DEPARTMENT OF HAEMATOLOGY

Test Name	Result	Unit	Bio. Ref. Range	Method

sebia

Sample # : **77** Date : **9/24/2024** ID : **B9204805**

Depart. : Birth. :



Haemoglobin Electrophoresis

Name	%	Normal Values %
Hb A	**97.8**	96.8 - 97.8
Hb A2	**2.2**	2.2 - 3.2

Signature

***** End Of Report *****

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