


To: **MGM Hospital-Aurangabad**  
N-6, CIDCO  
Aurangabad -  
Contact: 7045919305  
**Report Of: Mrs. MAYURI AGALE**  
Pt. Contact:  


Sample ID 2300116326  
Patient ID 1002356341  
Collected on 17/07/2023  
Received on 20/07/2023 09:19  
Registered on 19/07/2023 18:48  
Reported on 20/07/2023 13:47  
Referred by **DR.ANUPRIYA MAHARSHI**


### Hemoglobinopathy Screening

Patient Name: Mrs. MAYURI AGALE Sample Type: Whole Blood EDTA  
Date of Birth/Age: 15/01/1993 Gender: FEMALE City: AURANGABAD  
Method: High Performance Liquid Chromatography (HPLC) Blood Transfusion History: No  
Referral Reason or Clinical History: \_\_\_\_\_


#### About the test

Hemoglobinopathy screening by high performance liquid chromatography is a blood test that is used for detecting quantitative and qualitative abnormalities of hemoglobin (Hb), namely, Thalassemia and Structural Hb variants (e.g. HbS) respectively. The test helps identify individuals with these disorders so that they can receive timely and appropriate treatment and care. Antenatal diagnosis of these disorders allows measures to reduce the chances of the birth of an affected baby. It is also possible to screen the newborns for hemoglobinopathies using this approach, thereby decreasing the mortality & morbidity associated with conditions like Sickle cell disorder.

#### Test findings

Hb Fraction	Observed Value (%)	Expected Value (%)
HbF	0.4%	<2%
P2*	4.8% 	<4.6%
HbA0	86.2%	85 - 95%
HbA2/HbE	2.8%	1.8 - 3.5%
HbD	ABSENT	Absent
HbS	ABSENT	Absent

\*The mentioned P2 value from BioRad Variant-II HPLC system is equivalent of HbA1c value in BioRad D10 system

 Indicates that the individual requires further evaluation and opinion from the clinician.

#### Interpretation

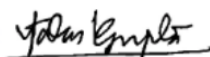
Chromatogram shows normal hemoglobin pattern.  
Hemoglobin and PCV are reduced, RBC count is normal and red cell indices are microcytic with high RDW suggesting iron deficiency anemia.

#### Suggestions

Serum iron studies.



Verified by  
**Mr. Pradip Kadam**  
Incharge Biochemistry



**Dr. A. Dasgupta MD, PhD,**  
Consultant Hematopathologist

Patient Name: Mrs. MAYURI AGALE

Sample ID: 2300116326

### HPLC Findings

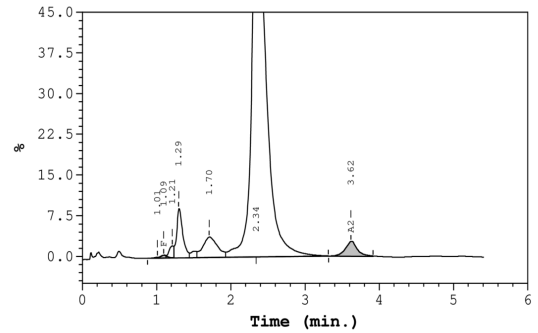
**Patient Data**

Sample ID: 2300116326  
Patient ID: F  
Name: Unknown  
Physician: P2  
Sex: Ao  
DOB: A2  
Comments:

**Analysis Data**

Analysis Performed: 07/19/2023 13:45:55  
Injection Number: 3965  
Run Number: 323  
Rack ID: 0002  
Tube Number: 9  
Report Generated: 07/19/2023 15:07:06  
Operator ID:

Analysis comments:



Peak Name	Calibrated Area %	Area %	Retention Time (min)	Peak Area
Unknown	---	0.1	1.01	1857
F	0.4	---	1.09	8062
Unknown	---	1.0	1.21	22351
P2	---	4.8	1.29	109596
P3	---	4.8	1.70	110388
Ao	---	86.2	2.34	1986320
A2	2.8	---	3.62	65126

Total Area: 2,303,699

**F Concentration = 0.4 %**  
**A2 Concentration = 2.8 %**

### Important Blood Indices (from CBC Analysis)

Parameters	Result	Reference Range	Units
Hemoglobin (Hb)	11.65 ⚠	12 - 15	g/dL
RBC Count	4.31	3.8 - 4.8	x 10 <sup>6</sup> /μL
Hematocrit	33.70 ⚠	36 - 46	%
Mean Corpuscular Volume (MCV)	78.30 ⚠	83 - 101	fL
Mean Corpuscular Hb (MCH)	27.00	27 - 32	pg
Mean Corpuscular Hb Conc. (MCHC)	34.60 ⚠	31.5 - 34.5	g/dL
RBC Distribution Width (RDW) (CV)	18.50 ⚠	11.6 - 14	%
RBC Distribution Width (RDW) (SD)	47.30 ⚠	39 - 46	fL

**Notes:**

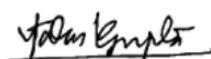
- Recent blood transfusions and iron deficiency can interfere with the results, repeat testing is recommended three months after the last blood transfusion. In case of iron deficiency, it is recommended to evaluate the result post-correction of iron deficiency.
- Megaloblastic anemia can cause elevated HbA2 levels. A repeat assay is recommended after correction of VitB12 deficiency.
- Mild to moderately elevated fetal hemoglobin (HbF) values are observed during pregnancy, hypoxia, chronic kidney disease, use of certain drugs, myelodysplastic syndromes (MDS), aplastic anemia and conditions of stress hemopoiesis.
- Cases with borderline HbA2 levels (3.1-3.9%) could represent Silent Beta-thalassemia trait, or co-existent iron deficiency or Alpha-thalassemia in a case of Beta-thalassemia trait. They need to be investigated further by appropriate tests.
- Confirmatory molecular tests for Beta-thalassemia traits and abnormal hemoglobin disorders (e.g. HbS, HbE, and HbD), followed by subsequent prenatal diagnosis (If required) are available at our centre.
- The mentioned P2 value from BioRad Variant-II HPLC system is equivalent of HbA1c value in BioRad D10 system

**Disclaimers:**

- The Hb-HPLC is a screening test that detects Beta-thalassemia and other hemoglobin variants. It does not identify Alpha-thalassemia and Silent Beta-thal-assemia carriers. DNA analysis is recommended to rule out Alpha-thalassemia and Silent Beta-thalassemia carriers.
- The result must be interpreted in conjunction with the complete blood counts (CBC), VitB12 and iron profile of the individual.
- Each sample received at Lilac Insights' processing centre is handled with the utmost sensitivity and care. All samples received on Sundays and National holidays are stored as per specific guidelines for the respective specimens and processed on the next day.
- P2 peak in Bio Rad's Variant II HPLC platform represents glycosylated hemoglobin. It is elevated in uncontrolled diabetes.



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