

## Sample Collection and Shipping

This package includes information for the requisition of **clinical diagnostic** tests performed by the **Hemoglobinopathy Reference Laboratory**.

For questions, please contact:

Mahin Azimi

Phone: (510) 450-7688, or (510) 450-7944

Fax: (510) 601-3928

Email: [Mazimi@chori.org](mailto:Mazimi@chori.org)

### Page 2: Requisition form

Please complete the requisition form. Visit [www.erythrosite.com](http://www.erythrosite.com) for detailed information on the tests provided.

### Page 3: Sample collection and shipping

Whole blood sample collection and shipping using your own package materials

**Please carefully read the sample collection and shipping instructions, and label the collection tubes clearly.**

## Do not freeze!!!

- When the temperature in the sample collection tube decreases *below freezing* point, the blood cells *will hemolyze!!*
- It is important to consider that “cold packs” routinely kept in the freezer compartment of laboratory freezers are at a temperature of -20°C.
- *Direct contact of these packs* with sample tubes *will lead to freezing* and renders the sample un-useable.
- Package tubes with sufficient airspace between ice packs and tube (bubble wrap, inserted in secondary tube) *to avoid* direct contact.

## Requisition for Hemoglobinopathy Testing

Hemoglobinopathy Reference Laboratory  
 Children's Hospital & Research Center at Oakland  
 747 52<sup>nd</sup> Street  
 Oakland, CA 94609-9925  
 Phone: (510) 450-7688  
 FAX: (510) 601-3928  
 Email: mazimi@chori.org

**Patient Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**Ethnicity:** \_\_\_\_\_

**Date of Sample Collection:** \_\_\_\_\_

**Recent Transfusion (Y/N)** \_\_\_\_\_; **if yes, date of transfusion** \_\_\_\_\_

**Ordering Physician:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_ **FAX:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Please provide the following laboratory information (if available):**

Hb _____ g/dL	Hb A _____ %	Serum iron _____ μg/dL
RBC _____ x 10 <sup>9</sup> /μL	Hb A <sub>2</sub> _____ %	Ferritin _____ μg/dL
MCV _____ fL	Hb F _____ %	
	Other _____ %	

### ***Check tests requested:***

- \_\_\_\_\_ Identification of Hb variants by isoelectric focusing (IEF), HPLC
- \_\_\_\_\_ Genotyping for alpha globin gene deletions/mutations
- \_\_\_\_\_ Genotyping for beta globin point mutations (beta-thalassemia, Hb variants)
- \_\_\_\_\_ DNA sequencing of the beta globin gene if mutation testing by other methods is noninformative
- \_\_\_\_\_ Other specialized tests (please specify): \_\_\_\_\_

## **Hemoglobinopathy Reference Laboratory**

### **Procedures for Collection, Handling and Mailing of Whole Blood Specimens**

#### **Blood Specimen Collection:**

##### **Newborns:**

Blood specimen obtained via a heel stick or venipuncture. Collect 0.3 to 0.5 ml whole blood into one microcontainer purple top EDTA tube. Immediately invert the tube several times to ensure complete mixing of blood with anticoagulant in the tube. Label the tube with the patient's ID number and collection date.

##### **Infants six months of age or older:**

Blood specimen obtained via a venipuncture. Collect a minimum of 2 ml whole blood into a 3 or 5 ml size purple top EDTA tube. Immediately invert the tube several times to ensure complete mixing of blood with anticoagulant in the tube. Label the tube with the patient's ID number and collection date.

##### **Adults:**

Blood specimen obtained by venipuncture. Collect 2.5 ml whole blood into a 5 ml size purple top EDTA tube. Immediately invert the tube several times to ensure complete mixing of blood with anticoagulant in the tube. Label the tube with the patient's ID number and collection date.

#### **Blood Specimen Packaging:**

- 1. Label all specimens with the patient's name, date of birth, date of collection. (If the specimen is a source other than blood, please make a separate note of this and provide your contact information)**
2. Insert the specimen tubes into a BIOHAZARD Ziplock plastic bag with absorbent material (e.g. paper towel) and seal.
3. Insert the sealed plastic bag into the mailing case. Cap the mailing case closed.
4. Ship specimen (overnight) to the address below.
5. Please call the CHORI Hemoglobinopathy Reference Laboratory if you have any questions about specimen collection or mailing. 510-450-7688

#### **Shipping:**

Mail to: Mahin Azimi, CLS  
Hemoglobinopathy Reference Laboratory  
Children's Hospital and Research Center at Oakland  
P.O. Box 3330  
Oakland, CA 94609-9925  
(510) 450-7688