

Identification and Determination of Hemoglobin

Public Health Laboratory, Regional Medical Sciences Center 12/1 Trang

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Delivery Hospital

Doctor NameTelephone Date

Specimen : EDTA Blood not less than 1-2 ml

Would like to send test example : ☐ Hb typing
☐ Alpha-thalassemia 1

Patient Name HN. Ageyears

Date of specimen collection Time

Previous Blood Transfusion : Date of the last transfusion

Preliminary test result

Osmotic Fragility (OF) test.....

DCIP/E Screen test.....

RBC.....

Hb.....

Hct.....

MCV.....

MCH.....

MCHC.....

RDW.....

- Note : 1. In case couple at risk of having fetus with hemoglobin Bart's hydrops fetalis, RMSCs 12/1 Trang will test alpha-thalassemia 1 immediately.
2. Please attach hematology test results.