S-H-Y-P-S
Scarborough, Hull and York Pathology Service
NHS York and Scarborough Teaching Hospitals NHS Foundation Trust

Test	Haemoglobinopathy Screening
Common Abbreviations	ABH, HBOP
Profile	ABH
Clinical indication	Haemoglobinopathy screening is performed in line with the national Sickle Cell and Thalassaemia Screening Programme for pregnant women. It may also be indicated in some Haematology patients prior to starting treatment, or in patients with persistent microcytic red cell indices with normal iron status.
Specimen type	Whole blood
Sample type	Adult: Purple top EDTA Paediatric: Purple top EDTA
Minimum volume	Adult = 4 ml, Paediatric = 1.3 ml
Special precautions	None
Stability	Samples must be tested within 24 hours of being taken for the full blood count, and 72 hours for the haemoglobinopathy screen. Please telephone the haematology laboratory if the result is required urgently.
Turn-around time	Urgent (Sickle Cell screen only) = 1 hour Antenatal screening = 3 working days Non-antenatal routine haemoglobinopathy requests = 7 days
Laboratory	Haematology HRI
Reference interval	Normal Hb A2 Reference Range: 1.5 – 3.5% Normal Hb F Reference Range: Pregnancy: 1.0 – 10.0% Non-Pregnancy: 0 – 1.0%
Limitations	This data and the interpretation of the data may be misleading if the patient has had a recent transfusion. If so, the tests should be repeated at least 4 months after the last transfusion. HIV infection, B12 or folate deficiency or liver disease/alcohol misuse may increase the Hb A2 level. Iron deficiency may falsely lower the Hb A2 level by up to 0.5%. In antenatal patients, where either biological parent has had a bone marrow transplant (BMT), it is likely the results will reflect the BMT donor and will not represent the genetic status of the foetus. Caution should be exercised in the interpretation of any haematology results in this instance.