HEMOGLOBIN SCREENING

NBS hemoglobin screen

Confirm by alternative method (IEF, HPLC, electrophoresis or DNA studies)

[FSC] Hb SC disease

[FSA] Hb Sβ thalassemia

[FAS] Hb AS

± Perform CBC and/or DNA+

Refer to specialist in hemoglobinopathies

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No further testing required

Action steps are shown in gold (shaded) boxes; results are in plain boxes.

Abbreviations/Key
F, S, A and C = The hemoglobins seen in neonatal screening.
± = Repeat testing at 6 months age is required if genotyping to confirm the newborn screening result is not done.

DISCLAIMER: These algorithms and guidelines were adapted from the American College of Medical Genetics algorithm sheets. They are designed primarily as an educational resource for physicians to help them provide quality medical services. Adherence to these standards and guidelines does not necessarily ensure a successful medical outcome. These standards and guidelines should not be considered inclusive of all proper procedures and tests or exclusive of other procedures and tests that are reasonable directed to obtaining the same results. In determining the propriety of any specific procedure or test, the healthcare provider should apply his or her own professional judgment to the specific clinical circumstances presented by the individual patient or specimen. It may be prudent, however, to document in the patient’s record the rationale for any significant deviation from these standards and guidelines.