



HEMOLYTIC ANEMIA INVESTIGATION

Molecular Hematology and Genetics Laboratory,

Attn: Red Cell Disorders

Room 2N22, McMaster University Medical Centre,

1200 Main Street West,

Hamilton ON, L8N 3Z5

1. **Blood Collection:** A 3-ml fresh EDTA whole blood sample is required. Please include a CBC and automated reticulocyte count if available and two freshly made unstained peripheral blood films. **Samples that require Pyruvate Kinase Assay or Osmotic Fragility must be sent on ice at 4°C and must be received within 24 hrs Monday through Thursday (by 12:00p.m.).** All other samples can be sent at ambient temperature. Special precautions should be taken with all samples to prevent freezing or exposure to excess heat.
2. **Patient Information:**

Name: _____ Date of Birth: Year / Month / Day

HIN: _____ Gender: _____ Doctor: _____

Relevant Patient History and e.g. recent transfusion or relationship to other patients being referred:

3. Referring Laboratory ID #: _____

Referring Laboratory Address _____

and Phone #: _____

3. **Referring Laboratory Test Results (if available):**

Hemoglobin: _____ Erc Count: _____ MCV: _____ RDW: _____

Platelet Count: _____ Reticulocyte Count: _____ G6PD Screen: _____

Relevant Erythrocyte Morphology: _____

Total Bilirubin: _____ Direct Bilirubin: _____ Direct Coombs _____

Please note! Failure to submit referring laboratory test results or complete information may result in testing delays. All invoices will be issued through Laboratory Reference Centre.

4. **Tests Required:** Initial Hemolytic Anemia Investigation: _____

Osmotic Fragility (must be kept on ice at 4°C): _____

G6PD Assay: _____

Pyruvate Kinase Assay (must be kept on ice at 4°C): _____

Other tests (please specify): _____

5. Ship to: **Laboratory Reference Centre**
Hamilton General Hospital
Core Lab, Level 1
237 Barton St. East
Hamilton, ON L8L 2X2

5. **Questions:** Phone: 905-521-2645 Fax: 905-521-7913, email: MolecularHematologyRedCell@hhsc.ca
Attention: Red Cell Disorders Laboratory