State #3

1.1 Reporting Interpretations: The final mailer will display the following result interpretations based on demographic influences, and hemoglobin pattern:

Screening Result	Demographic influence	Mnemonic	Result	Interpretation
A>F	BW<2000g	A>FLBW	A>F	BIOTINIDASE DEFICIENCY, CYSTIC FIBROSIS, GALACTOSEMIA, HEMOGLOBINOPATHIES, AND SEVERE COMBINED IMMUNODEFICIENCY RESULT INTERPRETATION: This infant had more adult (A) hemoglobin than fetal (F) hemoglobin. Specific newborn screening results are not valid due to possible transfusion. If the infant was transfused, collect another newborn screen 90 days after the final transfusion. A repeat screen is not needed if a specimen was collected prior to transfusion. Since this infant's birthweight was under 2000 grams, collect another newborn screen at 14 and 30 days of age.
A>F	None	AF	A>F	BIOTINIDASE DEFICIENCY, CYSTIC FIBROSIS, GALACTOSEMIA, HEMOGLOBINOPATHIES, AND SEVERE COMBINED IMMUNODEFICIENCY RESULT INTERPRETATION: This infant had more adult (A) hemoglobin than fetal (F) hemoglobin. Specific newborn screening results are not valid due to possible transfusion. If the infant was transfused prior to sample collection, collect another newborn screen 90 days after the final transfusion. A repeat screen is not needed if a specimen was collected prior to transfusion. If the infant was never transfused, no further follow-up is needed.
A>F with Barts Low	None	AFBL	AF & Bart's (Low)	HEMOGLOBINOPATHIES RESULT INTERPRETATION: This infant had more adult (A) hemoglobin than fetal (F) hemoglobin, which can be a normal finding. If the infant was transfused prior to sample collection, collect another newborn screen 90 days after the final transfusion. A repeat screen is not needed if a specimen was collected prior to transfusion. Additionally, hemoglobin Barts may be present. This finding can be associated with being a silent carrier of alpha thalassemia or alpha thalassemia trait (not affected). If the infant was never transfused, no further follow-up is needed.
A>F with Barts High	None	AFBH	AF & Bart's (High)	HEMOGLOBINOPATHIES RESULT INTERPRETATION: This infant had more adult (A) hemoglobin than fetal (F) hemoglobin, which can be a normal finding. If the infant was transfused prior to sample collection, collect another newborn screen 90 days after the final transfusion. A repeat screen is not needed if a specimen was collected prior to transfusion. Additionally, hemoglobin Barts was noticeably present, which can indicate a type of alpha thalassemia. Between 4 and 6 months of age, consult with a pediatric hematologist to rule out alpha thalassemia.
A>F with C	None	AFC	AFC	HEMOGLOBINOPATHIES RESULT INTERPRETATION: This infant had more adult (A) hemoglobin than fetal (F) hemoglobin, which can be a normal finding. If the infant was transfused prior to sample collection, collect another newborn screen 90 days after the final transfusion. A repeat screen is not needed if a specimen was collected prior to transfusion. Hemoglobin C was also present, suggesting hemoglobin C trait or hemoglobin C disease. Diagnostic testing is needed. Between 9 and 12 months of age, collect a hemoglobin electrophoresis. Consult with a pediatric hematologist with abnormal clinical results.
A>F with C and Barts (low or high)	None	AFCB	AFC & Barts	HEMOGLOBINOPATHIES RESULT INTERPRETATION: This infant had more adult (A) hemoglobin than fetal (F) hemoglobin, which can be a normal finding. If the infant was transfused prior to sample collection, collect another newborn screen 90 days after the final transfusion. A repeat screen is not needed if a specimen was collected prior to transfusion. Hemoglobin Barts was present, which can indicate a type of alpha thalassemia. Hemoglobin C was also present, suggesting hemoglobin C trait or hemoglobin C disease.

				Diagnostic testing is needed. Between 4 and 6 months of age, collect the following labs: complete blood count, reticulocyte count, and hemoglobin electrophoresis. Consult with a pediatric hematologist with abnormal clinical results.
A>F with D	None	AFD	AFD	HEMOGLOBINOPATHIES RESULT INTERPRETATION: This infant had more adult (A) hemoglobin than fetal (F) hemoglobin, which can be a normal finding. If the infant was transfused prior to sample collection, collect another newborn screen 90 days after the final transfusion. A repeat screen is not needed if a specimen was collected prior to transfusion. Hemoglobin D was also present, suggesting hemoglobin D trait or hemoglobin D disease. Diagnostic testing is needed. Between 9 and 12 months of age, collect a hemoglobin electrophoresis. Consult with a pediatric hematologist with abnormal clinical results.
A>F with D and Barts (low or high)	None	AFDB	AFD & Barts	HEMOGLOBINOPATHIES RESULT INTERPRETATION: This infant had more adult (A) hemoglobin than fetal (F) hemoglobin, which can be a normal finding. If the infant was transfused prior to sample collection, collect another newborn screen 90 days after the final transfusion. A repeat screen is not needed if a specimen was collected prior to transfusion. Hemoglobin Barts was present, which can indicate a type of alpha thalassemia. Hemoglobin D was also present, suggesting hemoglobin D trait or hemoglobin D disease. Diagnostic testing is needed. Between 4 and 6 months of age, collect the following labs: complete blood count, reticulocyte count, and hemoglobin electrophoresis. Consult with a pediatric hematologist with abnormal clinical results.
A>F with E	None	AFE	AFE	HEMOGLOBINOPATHIES RESULT INTERPRETATION: This infant had more adult (A) hemoglobin than fetal (F) hemoglobin, which can be a normal finding. If the infant was transfused prior to sample collection, collect another newborn screen 90 days after the final transfusion. A repeat screen is not needed if a specimen was collected prior to transfusion. Hemoglobin E was also present, suggesting hemoglobin E trait or hemoglobin E disease. Diagnostic testing is needed. Between 9 and 12 months of age, collect a hemoglobin electrophoresis. Consult with a pediatric hematologist with abnormal clinical results.
A>F with E and Barts (low or high)	None	AFEB	AFE and Barts	HEMOGLOBINOPATHIES RESULT INTERPRETATION: This infant had more adult (A) hemoglobin than fetal (F) hemoglobin, which can be a normal finding. If the infant was transfused prior to sample collection, collect another newborn screen 90 days after the final transfusion. A repeat screen is not needed if a specimen was collected prior to transfusion. Hemoglobin Barts was present, which can indicate a type of alpha thalassemia. Hemoglobin E was also present, suggesting hemoglobin E trait or hemoglobin E disease. Diagnostic testing is needed. Between 4 and 6 months of age, collect the following labs: complete blood count, reticulocyte count, and hemoglobin electrophoresis. Consult with a pediatric hematologist with abnormal clinical results.
A>F with S	None	AFS	AFS	HEMOGLOBINOPATHIES RESULT INTERPRETATION: This infant had more adult (A) hemoglobin than fetal (F) hemoglobin, which can be a normal finding. If the infant was transfused prior to sample collection, collect another newborn screen 90 days after the final transfusion. A repeat screen is not needed if a specimen was collected prior to transfusion. Hemoglobin S was also present, suggesting sickle cell trait or sickle cell disease. Diagnostic testing is needed. Between 9 and 12 months of age, collect a hemoglobin electrophoresis. Consult with a pediatric hematologist with abnormal clinical results.
A>F with S and Barts (low or high)	None	AFSB	AFS and Barts	HEMOGLOBINOPATHIES RESULT INTERPRETATION: This infant had more adult (A) hemoglobin than fetal (F) hemoglobin, which can be a normal finding. If the infant was transfused prior to sample collection, collect another newborn screen 90 days after the final transfusion. A repeat screen is not needed if a specimen was collected prior to transfusion. Hemoglobin Barts was present, which can indicate a type of alpha thalassemia. Hemoglobin S was also

				present, suggesting sickle cell trait or sickle cell disease. Diagnostic testing is needed. Between 4 and 6 months of age, collect the following labs: complete blood count, reticulocyte count, and hemoglobin electrophoresis. Consult with a pediatric hematologist with abnormal clinical results.
A>F with Variant	None	AFV	AF Variant	HEMOGLOBINOPATHIES RESULT INTERPRETATION: This infant had more adult (A) hemoglobin than fetal (F) hemoglobin, which can be a normal finding. If the infant was transfused prior to sample collection, collect another newborn screen 90 days after the final transfusion. A repeat screen is not needed if a specimen was collected prior to transfusion. An unidentified hemoglobin variant (V) was also present, suggesting a hemoglobin trait or hemoglobinopathy. Diagnostic testing is needed. Between 9 and 12 months of age, collect a hemoglobin electrophoresis. Consult with a pediatric hematologist with abnormal clinical results.
A>F with Variant and Barts (low or high)	None	AFVB	AFV and Barts	HEMOGLOBINOPATHIES RESULT INTERPRETATION: This infant had more adult (A) hemoglobin than fetal (F) hemoglobin, which can be a normal finding. If the infant was transfused prior to sample collection, collect another newborn screen 90 days after the final transfusion. A repeat screen is not needed if a specimen was collected prior to transfusion. Hemoglobin Barts was present, which can indicate a type of alpha thalassemia. An unidentified hemoglobin variant (V) was also present, suggesting a hemoglobin trait or hemoglobinopathy. Diagnostic testing is needed. Between 4 and 6 months of age, collect the following labs: complete blood count, reticulocyte count, and hemoglobin electrophoresis. Consult with a pediatric hematologist with abnormal clinical results.
Barts High (No F or A)	None	B	Bart's Hemoglobin	HEMOGLOBINOPATHIES RESULT INTERPRETATION: This screening test identified hemoglobin Barts, but no fetal (F) or adult (A) hemoglobin. This infant likely has alpha thalassemia major. Diagnostic testing is needed. Consult with a pediatric hematologist today for follow-up recommendations.
F with low/no A	None	F	F & low/undetectable A	HEMOGLOBINOPATHIES RESULT INTERPRETATION: This screening test identified fetal (F) hemoglobin and absent/reduced adult (A) hemoglobin. There are a number of potential causes for this finding. Diagnostic testing is needed. Between 4 and 6 months of age, collect the following labs: complete blood count, reticulocyte count, and hemoglobin electrophoresis. Consult with a pediatric hematologist for clinically abnormal results.
F with low/no A	BW <2000 g	FLBW	F & low/undetectable A	HEMOGLOBINOPATHIES RESULT INTERPRETATION: This screening test identified fetal (F) hemoglobin and absent/reduced adult (A) hemoglobin. There are a number of potential causes for this finding. Since this infant's birthweight was under 2000 grams, collect another newborn screen at 14 and 30 days of age if the infant is still inpatient.
FA	None	FA	Within Normal Limits	
FA with Bart's High	None	FABH	FA & Bart's (High)	HEMOGLOBINOPATHIES RESULT INTERPRETATION: This screening test identified fetal (F) hemoglobin and adult (A) hemoglobin. Additionally, hemoglobin Barts was noticeably present, which can indicate a type of alpha thalassemia. Diagnostic testing is needed. Between 4 and 6 months of age, collect the following labs: complete blood count, reticulocyte count, and hemoglobin electrophoresis. Consult with a pediatric hematologist for clinically abnormal results.
FA with Bart's Low	None	FABL	FA & Bart's (Low)	HEMOGLOBINOPATHIES RESULT INTERPRETATION: This screening test identified fetal (F) hemoglobin and adult (A) hemoglobin. Additionally, hemoglobin Barts may be present. This finding can be associated with being a silent carrier of alpha thalassemia or alpha thalassemia trait (not affected). No further testing is required.
FAC	None	FAC	FAC	HEMOGLOBINOPATHIES RESULT INTERPRETATION: This screening test identified fetal (F) hemoglobin, adult (A) hemoglobin, and hemoglobin C. This infant likely has hemoglobin C (Hb C) trait. Diagnostic testing is needed. Between 9 and 12 months of age, collect a hemoglobin electrophoresis. Testing of other family

				members may be necessary. Genetic counseling is recommended for the family.
FAC with Barts (low or high)	None	FACB	FAC and Barts	HEMOGLOBINOPATHIES RESULT INTERPRETATION: This screening test identified fetal (F) hemoglobin, adult (A) hemoglobin, and hemoglobin C. This infant likely has hemoglobin C (Hb C) trait. Additionally, hemoglobin Barts was present, which can indicate a type of alpha thalassemia. Diagnostic testing is needed. Between 4 and 6 months of age, collect the following labs: complete blood count, reticulocyte count, and hemoglobin electrophoresis. Consult with a pediatric hematologist for clinically abnormal results.
FAD	None	FAD	FAD	HEMOGLOBINOPATHIES RESULT INTERPRETATION: This screening test identified fetal (F) hemoglobin, adult (A) hemoglobin, and hemoglobin D. This infant likely has hemoglobin D (Hb D) trait. Diagnostic testing is needed. Between 9 and 12 months of age, collect a hemoglobin electrophoresis. Testing of other family members may be necessary. Genetic counseling is recommended for the family.
FAD with Barts (low or high)	None	FADB	FAD and Barts	HEMOGLOBINOPATHIES RESULT INTERPRETATION: This screening test identified fetal (F) hemoglobin, adult (A) hemoglobin, and hemoglobin D. This infant likely has hemoglobin D (Hb D) trait. Additionally, hemoglobin Barts was present, which can indicate a type of alpha thalassemia. Diagnostic testing is needed. Between 4 and 6 months of age, collect the following labs: complete blood count, reticulocyte count, and hemoglobin electrophoresis. Consult with a pediatric hematologist for clinically abnormal results.
FAE	None	FAE	FAE	HEMOGLOBINOPATHIES RESULT INTERPRETATION: This screening test identified fetal (F) hemoglobin, adult (A) hemoglobin, and hemoglobin E. This infant likely has hemoglobin E (Hb E) trait. Diagnostic testing is needed. Between 9 and 12 months of age, collect a hemoglobin electrophoresis. Testing of other family members may be necessary. Genetic counseling is recommended for the family.
FAE with Barts (low or high)	None	FAEB	FAE and Barts	HEMOGLOBINOPATHIES RESULT INTERPRETATION: This screening test identified fetal (F) hemoglobin, adult (A) hemoglobin, and hemoglobin E. This infant likely has hemoglobin E (Hb E) trait. Additionally, hemoglobin Barts was present, which can indicate a type of alpha thalassemia. Diagnostic testing is needed. Between 4 and 6 months of age, collect the following labs: complete blood count, reticulocyte count, and hemoglobin electrophoresis. Consult with a pediatric hematologist for clinically abnormal results.
FAS	None	FAS	FAS	HEMOGLOBINOPATHIES RESULT INTERPRETATION: This screening test identified fetal (F) hemoglobin, adult (A) hemoglobin, and hemoglobin S. This infant likely has sickle cell (Hb S) trait. Diagnostic testing is needed. Between 9 and 12 months of age, collect a hemoglobin electrophoresis. Testing of other family members may be necessary. Genetic counseling is recommended for the family.
FAS with Barts (low or high)	None	FASB	FAS and Barts	HEMOGLOBINOPATHIES RESULT INTERPRETATION: This screening test identified fetal (F) hemoglobin, adult (A) hemoglobin, and hemoglobin S. This infant likely has sickle cell (Hb S) trait. Additionally, hemoglobin Barts was present, which can indicate a type of alpha thalassemia. Diagnostic testing is needed. Between 4 and 6 months of age, collect the following labs: complete blood count, reticulocyte count, and hemoglobin electrophoresis. Consult with a pediatric hematologist for clinically abnormal results.
FA with Variant	None	FAV	FA Variant	HEMOGLOBINOPATHIES RESULT INTERPRETATION: This screening test identified fetal (F) hemoglobin, adult (A) hemoglobin, and an unidentified hemoglobin variant (V). This infant likely has a hemoglobin trait, but newborn screening cannot identify the specific hemoglobin. Diagnostic testing is needed. Between 9 and 12 months of age, collect a hemoglobin electrophoresis reflexive cascade. Testing of other family members may be necessary. Genetic counseling is recommended for the family.

FA with Variant and Barts (low or high)	None	FAVB	FA Variant and Barts	HEMOGLOBINOPATHIES RESULT INTERPRETATION: This screening test identified fetal (F) hemoglobin, adult (A) hemoglobin, and an unidentified hemoglobin variant (V). This infant likely has a hemoglobin trait, but newborn screening cannot identify the specific hemoglobin. Additionally, hemoglobin Barts was present, which can indicate a type of alpha thalassemia. Diagnostic testing is needed. Between 4 and 6 months of age, collect the following labs: complete blood count, reticulocyte count, and hemoglobin electrophoresis reflexive cascade. Consult with a pediatric hematologist for clinically abnormal results.
FC	None	FC	FC	HEMOGLOBINOPATHIES RESULT INTERPRETATION: This screening test identified fetal (F) hemoglobin and hemoglobin C. This infant likely has hemoglobin C disease. Diagnostic testing is needed. Between 9 and 12 months of age, collect the following labs: complete blood count, reticulocyte count, and hemoglobin electrophoresis. Consult with a pediatric hematologist for clinically abnormal results.
FC with Barts (low or high)	None	FCB	FC and Barts	HEMOGLOBINOPATHIES RESULT INTERPRETATION: This screening test identified fetal (F) hemoglobin and hemoglobin C. This infant likely has hemoglobin C disease. Additionally, hemoglobin Barts was present, which can indicate a type of alpha thalassemia. Diagnostic testing is needed. Between 4 and 6 months of age, collect the following labs: complete blood count, reticulocyte count, and hemoglobin electrophoresis. Consult with a pediatric hematologist for clinically abnormal results.
FCA	None	FCA	FCA	HEMOGLOBINOPATHIES RESULT INTERPRETATION: This screening test identified fetal (F) hemoglobin, hemoglobin C, and adult (A) hemoglobin. This infant likely has hemoglobin C beta plus thalassemia. Diagnostic testing is needed. Between 9 and 12 months of age, collect the following labs: complete blood count, reticulocyte count, and hemoglobin electrophoresis. Consult with a pediatric hematologist for clinically abnormal results.
FCA wth Barts (low or high)	None	FCAB	FCA and Barts	HEMOGLOBINOPATHIES RESULT INTERPRETATION: This screening test identified fetal (F) hemoglobin, hemoglobin C, and adult (A) hemoglobin. This infant likely has hemoglobin C beta plus thalassemia. Additionally, hemoglobin Barts was present, which can indicate a type of alpha thalassemia. Diagnostic testing is needed. Between 4 and 6 months of age, collect the following labs: complete blood count, reticulocyte count, and hemoglobin electrophoresis. Consult with a pediatric hematologist for clinically abnormal results.
FD	None	FD	FD	HEMOGLOBINOPATHIES RESULT INTERPRETATION: This screening test identified fetal (F) hemoglobin and hemoglobin D. This finding can be associated with hemoglobin D disease or hemoglobin D/beta-thalassemia disease. Diagnostic testing is needed. Between 9 and 12 months of age, collect the following labs: complete blood count, reticulocyte count, and hemoglobin electrophoresis. Consult with a pediatric hematologist for clinically abnormal results.
FD with Barts (low or high)	None	FDB	FD with Barts	HEMOGLOBINOPATHIES RESULT INTERPRETATION: This screening test identified fetal (F) hemoglobin and hemoglobin D. This finding can be associated with hemoglobin D disease or hemoglobin D/beta-thalassemia disease. Additionally, hemoglobin Barts was present, which can indicate a type of alpha thalassemia. Diagnostic testing is needed. Between 4 and 6 months of age, collect the following labs: complete blood count, reticulocyte count, and hemoglobin electrophoresis. Consult with a pediatric hematologist for clinically abnormal results.
FE	None	FE	FE	HEMOGLOBINOPATHIES RESULT INTERPRETATION: This screening test identified fetal (F) hemoglobin and hemoglobin E. This finding can be associated with hemoglobin E disease or hemoglobin E/beta-thalassemia disease. Diagnostic testing is needed. Between 9 and 12 months of age, collect the following labs: complete blood count, reticulocyte count, and hemoglobin electrophoresis. Consult with a pediatric hematologist for clinically abnormal results.

FE with Barts (low or high)	None	FEB	FE and Barts	HEMOGLOBINOPATHIES RESULT INTERPRETATION: This screening test identified fetal (F) hemoglobin and hemoglobin E. This finding can be associated with hemoglobin E disease or hemoglobin E/beta-thalassemia disease. Additionally, hemoglobin Barts was present, which can indicate a type of alpha thalassemia. Diagnostic testing is needed. Between 4 and 6 months of age, collect the following labs: complete blood count, reticulocyte count, and hemoglobin electrophoresis. Consult with a pediatric hematologist for clinically abnormal results.
FS	None	FS	FS	HEMOGLOBINOPATHIES RESULT INTERPRETATION: This screening test identified fetal (F) hemoglobin and hemoglobin S. This infant likely has sickle cell disease. Diagnostic testing is needed. Consult with a pediatric hematologist this week for follow-up recommendations.
FS with Barts (low or high)	None	FSB	FS and Barts	HEMOGLOBINOPATHIES RESULT INTERPRETATION: This screening test identified fetal (F) hemoglobin and hemoglobin S. This infant likely has sickle cell disease. Additionally, hemoglobin Barts was present, which can indicate a type of alpha thalassemia. Diagnostic testing is needed. Consult with a pediatric hematologist this week for follow-up recommendations.
FS with low/no A	None	FSA	FSA	HEMOGLOBINOPATHIES RESULT INTERPRETATION: This screening test identified fetal (F) hemoglobin, hemoglobin S, and adult (A) hemoglobin. This infant likely has sickle beta plus thalassemia. Diagnostic testing is needed. Consult with a pediatric hematologist this week for follow-up recommendations.
FS with low/no A with Barts (low or high)	None	FSAB	FSA and Barts	HEMOGLOBINOPATHIES RESULT INTERPRETATION: This screening test identified fetal (F) hemoglobin, hemoglobin S, and adult (A) hemoglobin. This infant likely has sickle beta plus thalassemia. Additionally, hemoglobin Barts was present, which can indicate a type of alpha thalassemia. Diagnostic testing is needed. Consult with a pediatric hematologist this week for follow-up recommendations.
FSC	None	FSC	FSC	HEMOGLOBINOPATHIES RESULT INTERPRETATION: This screening test identified fetal (F) hemoglobin, hemoglobin S, and hemoglobin C. This infant likely has sickle cell disease. Diagnostic testing is needed. Consult with a pediatric hematologist this week for follow-up recommendations.
FSC with Barts (low or high)	None	FSCB	FSC and Barts	HEMOGLOBINOPATHIES RESULT INTERPRETATION: This screening test identified fetal (F) hemoglobin, hemoglobin S, and hemoglobin C. This infant likely has sickle cell disease. Additionally, hemoglobin Barts was present, which can indicate a type of alpha thalassemia. Diagnostic testing is needed. Consult with a pediatric hematologist this week for follow-up recommendations.
FSD	None	FSD	FSD	HEMOGLOBINOPATHIES RESULT INTERPRETATION: This screening test identified fetal (F) hemoglobin, hemoglobin S, and hemoglobin D. This infant likely has sickle cell disease. Diagnostic testing is needed. Consult with a pediatric hematologist this week for follow-up recommendations.
FSD with Barts (low or high)	None	FSDB	FSD and Barts	HEMOGLOBINOPATHIES RESULT INTERPRETATION: This screening test identified fetal (F) hemoglobin, hemoglobin S, and hemoglobin D. This infant likely has sickle cell disease. Additionally, hemoglobin Barts was present, which can indicate a type of alpha thalassemia. Diagnostic testing is needed. Consult with a pediatric hematologist this week for follow-up recommendations.
FSE	None	FSE	FSE	HEMOGLOBINOPATHIES RESULT INTERPRETATION: This screening test identified fetal (F) hemoglobin, hemoglobin S, and hemoglobin E. This infant likely has sickle cell disease. Diagnostic testing is needed. Consult with a pediatric hematologist this week for follow-up recommendations.
FSE with Barts (low or high)	None	FSEB	FSE and Barts	HEMOGLOBINOPATHIES RESULT INTERPRETATION: This screening test identified fetal (F) hemoglobin, hemoglobin S, and hemoglobin E. This infant likely has sickle cell disease. Additionally, hemoglobin Barts was present, which can indicate a type of alpha thalassemia. Diagnostic testing is needed. Consult with a pediatric hematologist this week for follow-up recommendations.

FSV	None	FSV	FSV	HEMOGLOBINOPATHIES RESULT INTERPRETATION: This screening test identified fetal (F) hemoglobin, hemoglobin S, and an unidentified hemoglobin variant (V). This infant likely has sickle cell disease, but newborn screening cannot identify one of the specific hemoglobins. Diagnostic testing is needed. Consult with a pediatric hematologist this week for follow-up recommendations.
FSV with Barts (low or high)	None	FSVB	FSV and Barts	HEMOGLOBINOPATHIES RESULT INTERPRETATION: This screening test identified fetal (F) hemoglobin, hemoglobin S, and an unidentified hemoglobin variant (V). This infant likely has sickle cell disease, but newborn screening cannot identify one of the specific hemoglobins. Additionally, hemoglobin Barts was present, which can indicate a type of alpha thalassemia. Diagnostic testing is needed. Consult with a pediatric hematologist this week for follow-up recommendations.
F with Variant	None	FV	F Variant	HEMOGLOBINOPATHIES RESULT INTERPRETATION: This screening test found fetal (F) hemoglobin and an unidentified hemoglobin variant (V). Most hemoglobin variants do not cause serious health problems, but can be associated with hemoglobin disease. Diagnostic testing is needed. Between 9 and 12 months of age, collect the following labs: complete blood count, reticulocyte count, and hemoglobin electrophoresis reflexive cascade. Consult with a pediatric hematologist for clinically abnormal results.
F with Variant and Barts (low or high)	None	FVB	F Variant and Barts	HEMOGLOBINOPATHIES RESULT INTERPRETATION: This screening test found fetal (F) hemoglobin and an unidentified hemoglobin variant (V). Most hemoglobin variants do not cause serious health problems, but can be associated with hemoglobin disease. Additionally, hemoglobin Barts was present, which can indicate a type of alpha thalassemia. Diagnostic testing is needed. Between 4 and 6 months of age, collect the following labs: complete blood count, reticulocyte count, and hemoglobin electrophoresis reflexive cascade. Consult with a pediatric hematologist for clinically abnormal results.