State #4

Mnemonic	Status	Descr1	Lastmod	Reptcode	normal flag	Instruct
<A2	2	ABNORMAL	15-Mar-13	97001	0	ABNORMAL HEMOGLOBINOPATHY SCREEN: Hemoglobin A2 is below the normal range. Possible iron deficiency anemia or alpha thalassemia trait present.
>A1C	2	ABNORMAL	15-Mar-13	97001	0	ABNORMAL HEMOGLOBINOPATHY SCREEN: Hemoglobin A1c is increased. This hemoglobin is commonly elevated in diabetic conditions. Confirmatory testing advised.
>A2	2	ABNORMAL	15-Mar-13	97001	0	ABNORMAL HEMOGLOBINOPATHY SCREEN: Increased level of Hb A2 present. Possible beta thalassemia trait. Consultation with a referral center is advised.
>F	2	ABNORMAL	15-Mar-13	97001	0	ABNORMAL HEMOGLOBINOPATHY SCREEN: Increased level of Hb F in adult sample. Consultation with a referral center advised.
>F,>A2	2	ABNORMAL	15-Mar-13	97001	0	ABNORMAL HEMOGLOBINOPATHY SCREEN: Hb F & A2 Increased . Possible beta thalassemia trait. Consultation with a referral center is advised.
AA2	1	Normal	18-Mar-13	97001	0	HEMOGLOBINOPATHY SCREEN: Hb A,A2. These results indicate a normal Hb A2 level butshould be correlated with other clinical data before totally ruling out the presence of athalassemia trait.
AA2F	1	Normal	15-Mar-13	97001	1	
AC	2	ABNORMAL	15-Mar-13	97001	0	ABNORMAL HEMOGLOBINOPATHY SCREEN: Hemoglobin "C" trait
ACF	2	ABNORMAL	26-Jul-22	97001	0	ABNORMAL HEMOGLOBINOPATHY SCREEN: Hemoglobin "C" Trait. If additionalinformation or assistance is required, please call the sickle cell program at (800) 877-6246 or573-751-6266.
ACX	2	ABNORMAL	15-Mar-13	97001	0	ABNORMAL HEMOGLOBINOPATHY SCREEN: Hemoglobin "C" trait and an unidentified hemoglobin trait present.
AD	2	ABNORMAL	15-Mar-13	97001	0	ABNORMAL HEMOGLOBINOPATHY SCREEN: Hb D-Punjab (also known as D-Los Angeles) trait.
AE	2	ABNORMAL	15-Mar-13	97001	0	ABNORMAL HEMOGLOBINOPATHY SCREEN: Hemoglobin "E" trait.
AEF	2	ABNORMAL	26-Jul-22	97001	0	ABNORMAL HEMOGLOBINOPATHY SCREEN: Hemoglobin "E" Trait. If additionalinformation or assistance is required, please call the sickle cell program at (800) 877-6246 or573-751-6266.
AFA2	1	Normal	15-Mar-13	97001	1	Normal infant where Hb A is > Hb F > Hb A2. No follow-up necessary.
AG	2	ABNORMAL	15-Mar-13	97001	0	ABNORMAL HEMOGLOBINOPATHY SCREEN: Hemoglobin G-Philadelphia trait.
AS	2	ABNORMAL	15-Mar-13	97001	0	ABNORMAL HEMOGLOBINOPATHY SCREEN: Hb "S" Trait (Sickle cell trait).
ASF	2	ABNORMAL	8-Dec-21	97001	0	ABNORMAL HEMOGLOBINOPATHY SCREEN: Hemoglobin "S" Trait (Sickle Cell Trait). Ifadditional information or assistance is required, please call the sickle cell program at (800) 877-6246 or 573-751-6266.
ASG	2	ABNORMAL	15-Mar-13	97001	0	ABNORMAL HEMOGLOBINOPATHY SCREEN: Hemoglobin "S" trait (sickle cell trait) and G-Philadelphia trait present (compound heterozygote).
ASX	2	ABNORMAL	15-Mar-13	97001	0	ABNORMAL HEMOGLOBINOPATHY SCREEN: Hemoglobin "S" trait (sickle cell trait) and an unidentified Hb trait present.
AX	2	ABNORMAL	15-Mar-13	97001	0	ABNORMAL HEMOGLOBINOPATHY SCREEN: Unidentified Hb trait.Abnormal hemoglobin present which screening tests are unable to identify.
AXF	2	ABNORMAL	31-Oct-22	97001	0	ABNORMAL HEMOGLOBINOPATHY SCREEN:Screening indicated the presence of an unidentified hemoglobin variant. This is clearly a traitcondition, which means both normal and variant hemoglobins are present and that it is mostlikely harmless. There are several hundred hemoglobin variants that can be incidentally foundthrough newborn screening, some of which are fetal hemoglobin variants that fade away by sixmonths to one year of age. No further follow-up is indicated. For additional information orassistance visit www.health.mo.gov/SickleCell/ or call the sickle cell program at (800)877-6246 or 573-751-6266.
BRT+	2	See Comment	16-Oct-18	97001	0	HEMOGLOBINOPATHY SCREEN: Low level of Hemoglobin Bart's present. The presence ofBart's Hb suggestsalpha-thalassemia trait. One-gene and two-gene deletion alpha-thalassemia are generallyclinically benign andrequires no specific follow-up diagnostic testing.
BRT++	2	ABNORMAL	8-Dec-21	97001	0	ABNORMAL HEMOGLOBINOPATHY SCREEN: The presence of Bart's Hemoglobin stronglysuggests this infant hasalpha thalassemia trait.The newborn screening specimen on this child was found to have a slightly elevatedhemoglobin Bart's on the test forhemoglobinopathies. If this is the case, hemoglobin Bart's will disappear within the first fewmonths of life, however thealpha-thalassemia trait will remain.There are four a-thalassemia genes, two on each of the #16 chromosome. Single-genedeletion thalassemia (oftencalled "silent" a-thalassemia carrier) generally has low levels of (1-10%) hemoglobin Bart's atbirth, while two-genedeletion a- thalassemia (often called a-thalassemia trait or a-thalassemia minor) generally has aslightly elevated(10-20%) hemoglobin Bart's at birth. Several ethnic groups (e.g. Southeast Asians, Africans,and some Mediterraneanpopulations) have a high prevalence of a-thalassemia. Thus, it is not unusual to see slightlyelevated hemoglobinBart's in neonates of these ethnic groups. One-gene and two-gene deletion a-thalassemia isgenerally clinically benignand requires no specific follow-up diagnostic testing.We report this finding to you because patients with two-gene deletions often develop mildmicrocytosis andoccasionally very mild anemia. Because the blood picture from a patient with a-thalassemia traitcan closely mimic irondeficiency anemia, we recommend that you file this test result in the patient's permanentmedical record, where it willbe accessible if a microcytic anemia is diagnosed in the future and a differential diagnosis ofthalassemia versus irondeficiency is entertained.Also, these findings may have reproductive implications for the parents and for the child later inlife.If you have any questions, please contact the Hemoglobinopathy Resource Center in your areaor the sickle cellprogram at (800) 877-6246 or 573-751-6266.
BRT+++	2	ABNORMAL	10-Dec-21	97001	0	ABNORMAL HEMOGLOBINOPATHY SCREEN: The presence of highly elevated Hb Bart'sindicates POSSIBLE HbH DISEASE! Confirmatory testing and consultation with a Hemoglobin Resource Center isadvised.The newborn screening specimen on this child was found to have a highly elevatedhemoglobin Bart's on the test forhemoglobinopathies. Highly elevated Hb Bart's at birth (>20%) suggests the child may haveHemoglobin H disease, achronic but somewhat variable hemolytic anemia caused by alpha thalassemia.There are four alpha-globin genes, two on each of the chromosomes #16. Single-genedeletion alpha-thalassemia(often called "silent" alpha-thalassemia carrier) generally has 1-10% hemoglobin Bart's at birth,while two-gene deletion(alpha-thalassemia trait) has 10-20% hemoglobin Bart's at birth. In three-gene deletion alpha-thalassemia (HemoglobinH Disease), hemoglobin Bart's is usually significantly elevated (20-40% at birth).A baby with Hemoglobin H Disease appears healthy at birth, but serious health problems candevelop as the babygrows older. Health problems can be lessened with close medical supervision. Also, thesefindings may havereproductive implications for the parents (and for the child later in life) in consideration of beingat risk for producingoffspring with Hemoglobin H disease or Hydrops Fetalis (four alpha gene deletions resulting infetal death).To determine if this child has Hemoglobin H Disease, further clinical tests are needed. Inaddition to this, werecommend the hemoglobin electrophoresis be repeated on whole blood within one month ifpossible, as thepercentage of Hb Bart's will decrease rapidly as the baby matures. You may want to have yourpatient evaluatedagain at 9 to 12 months of age. If you have any questions concerning follow up testing orcounseling, please call theHemoglobinopathy Resource Center in your area or the sickle cell program at (800) 877-6246 or 573-751-6266.
CA	2	ABNORMAL	15-Mar-13	97001	0	ABNORMAL HEMOGLOBINOPATHY SCREEN: Tests indicate Hb C/Beta + thalassemia! Confirmatory testing and consultation with a referral center is advised.

CC	2	ABNORMAL	15-Mar-13	97001	0 ABNORMAL HEMOGLOBINOPATHY SCREEN: Tests indicate Hb "C"DISEASE! Confirmatory testing and consultation with a referral center isadvised.
EE	2	ABNORMAL	15-Mar-13	97001	0 ABNORMAL HEMOGLOBINOPATHY SCREEN: Tests indicate homozygous Hb "E" . Confirmatory testing and consultation with a referral center is advised.
F-ONLY	2	ABNORMAL	15-Mar-13	97001	0 ABNORMAL HEMOGLOBINOPATHY SCREEN: Screening indicated thepresence of fetal hemoglobin with no adult hemoglobin detected. Thismay represent beta thalassemia and/or hereditary persistence of fetalhemoglobin. Confirmation on whole blood from the infant and both parentsis advised. Contact a clinical nurse coordinator at one of thehemoglobinopathy resource center for consultation.
FA	1	Normal	15-Mar-13	97001	1
FAC	2	ABNORMAL	4-Dec-23	97001	0 ABNORMAL HEMOGLOBINOPATHY SCREEN: Hemoglobin "C" Trait.Genetic counseling is advisable for families affected by this condition topromote understanding of the significance for them and future offspring.For information please call the Sickle Cell Program at (800) 877-6246 or 573-751-6266.www.health.mo.gov/living/families/genetics/sicklecell/
FACX	2	ABNORMAL	8-Dec-21	97001	0 ABNORMAL HEMOGLOBINOPATHY SCREEN: Hemoglobin "C" Traitand an Unidentified Hemoglobin Variant. (If additional information orassistance is required, please call the sickle cell program at (800)877-6246 or 573-751-6266.)
FAD	2	ABNORMAL	8-Dec-21	97001	0 ABNORMAL HEMOGLOBINOPATHY SCREEN: Hemoglobin"D"-Punjab (also known as D-Los Angeles) Trait. Genetic counseling isadvisable for families affected by this condition to promote understandingof the significance for them and future offspring. For information pleasecall the Sickle Cell Program at (800) 877-6246 or 573-751-6266.www.health.mo.gov/living/families/genetics/sicklecell/
FAE	2	ABNORMAL	8-Dec-21	97001	0 ABNORMAL HEMOGLOBINOPATHY SCREEN: Hemoglobin "E" Trait.Genetic counseling is advisable for families affected by this condition topromote understanding of the significance for them and future offspring.For information please call the Sickle Cell Program at (800) 877-6246 or 573-751-6266.www.health.mo.gov/living/families/genetics/sicklecell/
FAG	2	ABNORMAL	8-Dec-21	97001	0 ABNORMAL HEMOGLOBINOPATHY SCREEN: Hemoglobin G-Philadelphia Trait. (Ifadditional information or assistance is required, please call the sickle cell program at (800) 877-6246 or 573-751-6266.)
FAS	2	ABNORMAL	8-Dec-21	97001	0 ABNORMAL HEMOGLOBINOPATHY SCREEN: Screening testsindicated the presence of Hemoglobin "S" trait (Sickle Cell Trait).Genetic counseling is advisable for families affected by this condition topromote understanding of the significance for them and future offspring.For information please call the Sickle Cell Program at (800) 877-6246 or 573-751-6266.www.health.mo.gov/living/families/genetics/sicklecell/
FASG	2	ABNORMAL	8-Dec-21	97001	0 ABNORMAL HEMOGLOBINOPATHY SCREEN: Hemoglobin "S" trait (sickle cell trait) and G-PhiladelphiaTrait (compound heterozygote). (If additional information or assistance is required,please call the sickle cell program at (800) 877-6246 or 573-751-6266.)
FASX	2	ABNORMAL	8-Dec-21	97001	0 ABNORMAL HEMOGLOBINOPATHY SCREEN: Hemoglobin "S" Trait (sickle cell trait) and anUnidentified Hemoglobin Variant. (If additional information or assistance is required, please callthe sickle cell program at (800) 877-6246 or 573-751-6266.)
FAX	2	ABNORMAL	8-Dec-21	97001	0 ABNORMAL HEMOGLOBINOPATHY SCREEN:Screening indicated the presence of an unidentified hemoglobin variant. This is clearly a traitcondition, which means both normal and variant hemoglobins are present and that it is mostlikely harmless. There are several hundred hemoglobin variants that can be incidentally foundthrough newborn screening, some of which are fetal hemoglobin variants that fade away by sixmonths to one year of age. No further follow-up is indicated. For additional information orassistance visit www.health.mo.gov/SickleCell/ or call the sickle cell program at (800)877-6246 or 573-751-6266.
FC	2	ABNORMAL	15-Mar-13	97001	0 ABNORMAL HEMOGLOBIN SCREEN: Screening indicated a POSITIVE test result for Hemoglobin C Disease or Hemoglobin C/Thalassemia. This condition may present chronic hemolytic anemia and other associated clinical complications. Confirmation on whole blood from the infant and both parents is advised. Contact a clinical nurse coordinator at one of the hemoglobinopathy resource centers for consultation.
FCA	2	ABNORMAL	15-Mar-13	97001	0 ABNORMAL HEMOGLOBINOPATHY SCREEN: Screening indicated possible Hemoglobin C/Beta plus thalassemia disease. Confirmation on whole blood from the infant and both parents is advised. Contact a clinical nurse coordinator at one of the hemoglobinopathy resource centers for consultation.
FCAINC	2	ABNORMAL	3-Jul-13	97001	0 ABNORMAL HEMOGLOBINOPATHY SCREEN: Electrophoresis and HPLCanalysis has detected the presence of Hb C in a slightly higher concentrationthan the normal Hb A in this newborn. Typically, trait condition in a newbornwill display Hb A equal to or greater than Hb C in concentration. However,due to the nature of the sample (dried blood spot) and the low level of adulthemoglobin in newborns, hemoglobin quantifications are inconclusive at this age.A repeat newborn screening test at 6 months of age is necessary.
FCX	2	ABNORMAL	15-Mar-13	97001	0 ABNORMAL HEMOGLOBINOPATHY SCREEN: Screening indicated the presence of hemoglobins F,C and an unidentified hemoglobin. Confirmation on whole blood from the infant and both parents is advised. Contact a clinical nurse coordinator at one of the hemoglobinopathy resource center for consultation.
FDE	2	ABNORMAL	6-Nov-18	97001	0 ABNORMAL HEMOGLOBINAPATHY SCREEN: Test indicate compound heterozygosity ofhemoglobin "D" and "E". Confirmatory testing and consultation with a referral center is advised.
FE	2	ABNORMAL	15-Mar-13	97001	0 ABNORMAL HEMOGLOBINOPATHY SCREEN: Screening indicated a POSITIVE test result for homozygous Hemoglobin E or Hb E/beta Thalassemia. Homozygous E is a benign condition, however E/beta thalassemia CAN BE A SEVERE HEMOLYTIC ANEMIA CONDITION. Confirmation on whole blood from the infant and both parents is needed to rule out Beta-Thalassemia Major. Consultation with a resource center is advised.
FEA	2	ABNORMAL	18-Oct-21	97001	0 ABNORMAL HEMOGLOBINOPATHY SCREEN: Screening indicated a POSITIVE test result for a Hemoglobin E / beta-plus thalassemia (FEA) condition . Homozygous forHemoglobin E is usually a benign condition, however Hemoglobin E / beta thalassemia CAN BE A SEVERE HEMOLYTIC ANEMIA CONDITION. Confirmation on whole bloodfrom the infant and both parents is needed to confirm the genotype and diagnose the infant. Consultation with a hemoglobinopathy resource center is advised.
FS	2	ABNORMAL	15-Mar-13	97001	0 ABNORMAL HEMOGLOBINOPATHY SCREEN: Screening indicated a POSITIVE test resultfor Sickle Cell Anemia or Sickle Thalasemia! This condition often results in a MEDICALEMERGENCY AND CAN BE LIFE THREATENING. Confirmation on whole blood from theinfant and both parents is advised. Contact a clinical nurse coordinator at one of thehemoglobinopathy resource centers for consultation.
FSA	2	ABNORMAL	15-Mar-13	97001	0 ABNORMAL HEMOGLOBINOPATHY SCREEN: Screening indicated possible sickle beta plus thalassemia disease. Confirmation on whole blood from the infant and both parents is advised. Contact a clinical nurse coordinator at one of the hemoglobinopathy resource centers for consultation.

FSAINC	2	ABNORMAL	3-Jul-13	97001	0 ABNORMAL HEMOGLOBINOPATHY SCREEN: Electrophoresis and HPLCanalysis has detected the presence of Hb S in a slightly higher concentrationthan the normal Hb A in this newborn. Typically, trait condition in a newbornwill display Hb A equal to or greater than Hb S in concentration. However,due to the nature of the sample (dried blood spot) and the low level of adulthemoglobin in newborns, hemoglobin quantifications are inconclusive at this age.A repeat newborn screening test at 6 months of age is necessary.
FSC	2	ABNORMAL	15-Mar-13	97001	0 ABNORMAL HEMOGLOBINOPATHY SCREEN: Screening indicated a POSITIVE test result for Sickle Hemoglobin C Disease. This condition is a POTENTIALLY SERIOUS SICKLING DISORDER AND CAN RESULT IN A MEDICAL EMERGENCY! Confirmation on whole blood from the infant and both parents is advised. Contact a clinical nurse coordinator at one of the hemoblobinopathy resource centers for consultation.
FSE	2	ABNORMAL	15-Mar-13	97001	0 ABNORMAL HEMOGLOBINOPATHY SCREEN: Screening indicated a positive test result for Sickle Hemoglobin "E" Disease. Confirmation on whole blood from the infant and both parents is advised. Contact a clinical nurse coordinator at a hemoglobinopathy resource center for consultation.
FSX	2	ABNORMAL	15-Mar-13	97001	0 ABNORMAL HEMOGLOBINOPATHY SCREEN: Screening indicated Hemoglobins F,S, and an unidentified hemoglobin are present. Repeat testing on whole blood from the infant and both parents is advised to rule out sickle cell disease. Contact a clinical nurse coordinator at one of the hemoglobinopathy resource centers for consultation.
FX	2	ABNORMAL	15-Mar-13	97001	0 ABNORMAL HEMOGLOBINOPATHY SCREEN: Screening indicated thepresence of fetal hemoglobin and an unidentified hemoglobin. This is apossible hemoglobinopathy condition and needs to be confirmed withwhole blood from the infant and both parents to provide additionaldiagnostic information. Contact a clinical nurse coordinator at one of thehemoglobinopathy resource centers for consultation.
HPFH	2	ABNORMAL	15-Mar-13	97001	0 ABNORMAL HEMOGLOBINOPATHY SCREEN: Highly elevated Hb F. Hereditary persistent fetal hemoglobin.
IND	5	NO RESULT	18-Mar-13	97001	0 NO RESULT FOR HEMOGLOBINOPATHY: Screening results on this childare INDETERMINATE due to the quality of the specimen or to low Hbconcentration. This may be caused by collection conditions, damage duringtransit, or newborn prematurity. A repeat newborn screening test is necessary.
S/HPFH	2	ABNORMAL	15-Mar-13	97001	0 ABNORMAL HEMOGLOBINOPATHY SCREEN: Hb "S" with HighlyElevated Fetal Hb present (Hereditary Persistent Fetal Hemoglobin).Confirmatory testing and consultation with a referral center is advised.
SA	2	ABNORMAL	15-Mar-13	97001	0 ABNORMAL HEMOGLOBINOPATHY SCREEN: Tests indicate Sickle/Beta + thalassemia! Confirmatory testing and consultation with a referral center is advised.
SC	2	ABNORMAL	15-Mar-13	97001	0 ABNORMAL HEMOGLOBINOPATHY SCREEN: Tests indicate SCDISEASE! Confirmatory testing and consultation with a referral center isadvised.
SS	2	ABNORMAL	15-Mar-13	97001	0 ABNORMAL HEMOGLOBINOPATHY SCREEN: Tests indicate SICKLE CELL DISEASE! Confirmatory testing and consultation with a referral center is advised.
TFIND	2	ABNORMAL	15-Mar-13	97001	0 ABNORMAL HEMOGLOBINOPATHY SCREEN: Results arenon-interpretable due to TRANSFUSION! We havedetected the presence of an abnormal hemoglobin, however thesignificance of this is not certain. If a pre-transfusionsample has NOT been submitted, PLEASE REPEAT >90 DAYS POST-TRANSFUSION.
TFPTRN	5	NO RESULT	18-Mar-13	97001	0 NO RESULT for Hemoglobinopathy, Biotinidase Deficiency, andGalactosemia due to transfusion. If a pre-transfusion sample was notsubmitted, repeat the newborn screen as follows: 1) ForHemoglobinopathy, 90 days after the last transfusion. 2) For BiotinidaseDeficiency and Galactosemia, 30 days after the last transfusion.
TRANSF	5	NO RESULT	7-Aug-15	97001	0 NO RESULT for Hemoglobinopathy, Biotinidase Deficiency and Galactosemia due totransfusion. If a valid pre-transfusion sample was notsubmitted, repeat the newborn screen as follows: 1) ForHemoglobinopathy, 90 days after the last transfusion. 2) For BiotinidaseDeficiency and Galactosemia, 30 days after the last transfusion.
VARIED	2	ABNORMAL	15-Mar-13	97001	0 ABNORMAL HEMOGLOBINOPATHY SCREEN: Hemoglobins present,
WAFA2	1	Normal	18-Mar-13	97001	0 HEMOGLOBINOPATHY SCREEN: Hb A,F, A2 The fetal hemoglobin present is within normallimits for a child of this age.
WAFXA2	2	ABNORMAL	15-Mar-13	97001	0 ABNORMAL HEMOGLOBINOPATHY SCREEN: Unidentified hemoglobin trait present.
WAXFA2	2	ABNORMAL	15-Mar-13	97001	0 ABNORMAL HEMOGLOBINOPATHY SCREEN: Unidentified hemoglobin trait present.
WFA	1	Normal	15-Mar-13	97001	1
WFAC	2	ABNORMAL	15-Mar-13	97001	0 ABNORMAL HEMOGLOBINOPATHY SCREEN: Hemoglobin "C" trait.
WFACX	2	ABNORMAL	15-Mar-13	97001	0 ABNORMAL HEMOGLOBINOPATHY SCREEN: Hemoglobin "C" trait with an unidentified hemoglobin variant present.
WFAD	2	ABNORMAL	15-Mar-13	97001	0 ABNORMAL HEMOGLOBINOPATHY SCREEN: Hb D-Punjab (also known as D-Los Angeles) trait.
WFAE	2	ABNORMAL	15-Mar-13	97001	0 ABNORMAL HEMOGLOBINOPATHY SCREEN: Hemoglobin "E" trait.
WFAG	2	ABNORMAL	15-Mar-13	97001	0 ABNORMAL HEMOGLOBINOPATHY SCREEN: Hemoglobin G-Philadelphia trait.
WFAS	2	ABNORMAL	15-Mar-13	97001	0 ABNORMAL HEMOGLOBINOPATHY SCREEN: Hemoglobin "S" Trait (sickle cell trait).
WFASG	2	ABNORMAL	15-Mar-13	97001	0 ABNORMAL HEMOGLOBINOPATHY SCREEN: Hemoglobin "S" trait (sickle cell trait) and G-Philadelphia trait present (compound heterozygote).
WFASX	2	ABNORMAL	15-Mar-13	97001	0 ABNORMAL HEMOGLOBINOPATHY SCREEN: Hemoglobin "S" trait (sickle cell trait) with an unidentified hemoglobin variant present.
WFAX	2	ABNORMAL	15-Mar-13	97001	0 ABNORMAL HEMOGLOBINOPATHY SCREEN: Unidentified hemoglobin trait.
WFC	2	ABNORMAL	15-Mar-13	97001	0 ABNORMAL HEMOGLOBINOPATHY SCREEN: This child may have hemoglobin "C" disease or Hb C/Thalassemia! Consultation with a hemoglobinopathy resource center is available for follow-up care.
WFCA	2	ABNORMAL	15-Mar-13	97001	0 ABNORMAL HEMOGLOBINOPATHY SCREEN: Hemoglobins "F", "C", and a weak "A" are present indicating Hb C/beta + thalassemia. Consultation with a referral center is advised.
WFS	2	ABNORMAL	15-Mar-13	97001	0 ABNORMAL HEMOGLOBINOPATHY SCREEN: This child may havesickle cell anemia or sickle-thalassemia! Consultation with ahemoglobinopathy resource center is available for follow-up care.
WFSA	2	ABNORMAL	15-Mar-13	97001	0 ABNORMAL HEMOGLOBINOPATHY SCREEN: Hemoglobins "F", "S", and a weak "A" are present. SICKLE /BETA-PLUS THALASSEMIA! Consultation with a referral center is advised.
WFSC	2	ABNORMAL	15-Mar-13	97001	0 ABNORMAL HEMOGLOBINOPATHY SCREEN: This child has SC disease! Consultation with a hemoglobinopathy resource center is available for follow-up care.
WFSX	2	ABNORMAL	15-Mar-13	97001	0 ABNORMAL HEMOGLOBINOPATHY SCREEN: Hemoglobin F,S, and an unidentified hemoglobin present. Consultation with a referral center is advised.