




## Inspector Instructions:

	<ul style="list-style-type: none"> <li>• Sampling of abnormal hemoglobin policies and procedures</li> <li>• Sampling of patient reports (confirmatory testing, comments)</li> <li>• Sampling of QC records</li> </ul>
	<ul style="list-style-type: none"> <li>• Hemoglobin separation patterns (appropriate separations and controls)</li> <li>• Examine a sampling of medium (media) used to identify hemoglobin variants including alkaline/acid electrophoresis, isoelectric focusing, HPLC or other method</li> </ul>
	<ul style="list-style-type: none"> <li>• What is your course of action when the primary screening method appears to show Hb S?</li> <li>• What is your course of action when the primary Hb screening method shows Hb variants migrating in non-A/non-S positions?</li> </ul>

### CBG.20165 Hb S Primary Screen

### Phase II

**For samples that have screening results demonstrating the presence of a hemoglobin consistent with Hb S and suggesting a possible clinically significant condition, reporting of the screening results includes a recommendation that confirmatory testing be performed.**

*NOTE: For primary definitive diagnosis screening by electrophoresis or other separation methods, all samples with hemoglobins migrating in the "S" positions or peak must be tested for sickling hemoglobin(s). Known sickling and non-sickling controls both must be included with each run of patient specimens tested.*

#### REFERENCES

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### CBG.20170 Daily QC - Hgb Separation

### Phase II

**Controls containing at least three known major hemoglobins, including Hb F and both a sickling and a nonsickling hemoglobin (eg, A, F and S) are applied with the patient specimen(s) and separations are satisfactory.**