Reporting Title: Methemoglobinemia Evaluation
Performing Location: Rochester

Specimen Requirements:

Specimen must arrive within 72 hours of draw.

Container/Tube: Lavender top (EDTA) and yellow top (ACD [Solution B])
Specimen Volume:
EDTA: Two 4-mL tubes
ACD: One 6-mL tube
Collection Instructions: Do not transfer blood to other containers.
Additional Information:
1. Patient's age and sex are required.
2. Include recent transfusion information.
Forms:
1. New York Clients-Informed consent is required. Please document on the request form or electronic order that a copy is on file. An Informed Consent for Genetic Testing (Supply T576) is available in Special Instructions.
2. Thalassemia/Hemoglobinopathy Patient Information Sheet (Supply T358) is available in Special Instructions
3. If not ordering electronically, please submit a Hematopathology/Molecular Oncology Request Form (Supply T241) with the specimen.

Specimen Type	Temperature	Time
Whole Blood ACD-B	Refrigerated	72 hours
Whole Blood EDTA	Refrigerated	72 hours

Result Codes:

Result ID	Reporting Name	Type	Unit	LOINC®
586	Methemoglobinemia Interpretation	Alphanumeric		In Process
2381	Hemoglobin A2 **Also used by tests: A2F**	Numeric	%	4551-8
2382	Hemoglobin F **Also used by tests: A2F**	Numeric	%	4576-5
2380	Hemoglobin A	Numeric	%	20572-4
2383	Variant	Alphanumeric	%	32017-6
29224	Variant 2	Alphanumeric	%	In Process
29225	Variant 3	Alphanumeric	%	In Process

Result ID	Reporting Name	Type	Unit	LOINC®
2101	Interpretation	Alphanumeric		49316-3
8268	Methemoglobin, B	Numeric	%	2614-6
8272	Sulfhemoglobin, B	Numeric	%	4685-4
9322	Methemoglobin Reductase, B **Also used by tests: METR**	Numeric	U/g Hb	32703-1

Components:

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
MEV	Methemoglobinemia Interpretation			Yes	No
A2F	Hemoglobin A2 and F	1	83021	Yes	Yes
HBEL	Hemoglobin Electrophoresis, B	1	83020	Yes	No
METH	Methemoglobin, B	1	83050	Yes	Yes (order MET)
SULF	Sulfhemoglobin, B	1	83060	Yes	Yes (order MET)
METR	Methemoglobin Reductase, B	1	82657	Yes	Yes

Reflex Tests:

Test ID	Reporting Name	CPT Units	CPT Code	Always Performed	Orderable Separately
HPFH	Hemoglobin F, Red Cell Distrib, B	1	88184	No	Yes
UNHB	Unstable Hemoglobin, B	1	83068	No	Yes
SDEX	Hemoglobin S, Scrn, B	1	85660	No	Yes
IEF	IEF Confirms	1	82664	No	No
HGBMO	HGB Electrophoresis, Molecular		Profile	No	No
MASS	Hb Variant by Mass Spec, B	1	83789	No	No

Result Codes for Reflex Tests:

Test ID	Result ID	Reporting Name	Type	Unit	LOINC®
HPFH	8270	Hemoglobin F, Red Cell Distrib, B	Alphanumeric		4579-9
HPFH	2104	Interpretation	Alphanumeric		59466-3
UNHB	9095	Hemoglobin, Unstable, B	Alphanumeric		4639-1
SDEX	9180	Hemoglobin S, Scrn, B	Alphanumeric		4621-9
IEF	81644	IEF Confirms	Alphanumeric		49316-3
HGBMO	88997	Alpha Globin Gene Sequencing	Alphanumeric		In Process
HGBMO	88998	Beta Globin Gene Sequencing	Alphanumeric		50996-8
HGBMO	89573	Alpha Globin Gene Sequence	Alphanumeric		21687-9
HGBMO	89405	Beta Globin Gene Sequence	Alphanumeric		50996-8
HGBMO	89575	Beta Globin Gene Del/Dup	Alphanumeric		21689-5
HGBMO	29375	Manual DNA Extraction	Alphanumeric		N/A
MASS	60286	Hb Variant by Mass Spec, B	Alphanumeric		In Process

Reference Values:

Definitive results and an interpretive report will be provided.