Hemoglobin Electrophoresis

1. Date hemoglobin electrophoresis was performed: (mm/dd/yyyy)
2. HbA1: xx.x %
3. HbA2: xx.x %
4. HbF: xx.x %
5. HbC: xx.x %
6. HbS: xx.x %

Flow Cytometry of Peripheral Blood

1. Date flow cytometry of peripheral blood was performed: (mm/dd/yyyy)
2. Percentage of peripheral F cells: xx.xx %

|  |  |  |
| --- | --- | --- |
|  | **Absolute** | **%** |
| 1. CD3+:
 |  | xx.x |
| 1. CD3+/CD4+:
 |  | xx.x |
| 1. CD3+/CD8+:
 |  | xx.x |
| 1. CD3-/CD16+ or CD56:
 |  | xx.x |
| 1. CD19+:
 |  | xx.x |

CD34+ Count

1. Date CD34+ count was performed: (mm/dd/yyyy)
2. CD34+ Count: cells/mcl

B cell Memory

1. Date B cell memory panel was performed: (mm/dd/yyyy)
2. CD19+IgD+/CD27-: xx.x %
3. CD19+IgD+/CD27+: xx.x %
4. CD19+IgD-/CD27+: xx.x %

T cell Assay

1. Date T cell assay was performed: (mm/dd/yyyy)
2. CD3+ CD4- CD8- TCR alpha/beta T Cells: xx.x %
3. CD3+TCR gamma/delta T Cells: xx.x %
4. RCL:

Complete Blood Count (CBC)

1. Date full blood count was performed:
2. RBC: xxxxx 1012/L
3. Hemoglobin (Hb): xxxxx g/dL
4. Hematocrit: xxxxx %
5. WBC: xxxxx 109/L
6. Neutrophils: % or 109/L
7. Eosinophils: xxxxx % or 109/L
8. Basophiles: xxxxx % or 109/L
9. Lymphocytes: xxxxx % or 109/L
10. Monocytes: xxxxx % or 109/L
11. Platelet count: xxxxx 109/L
12. Reticulocyte count: xxxxx. %
13. MCV: xxx.x
14. MCH: xxx.x pg
15. MCHC: xxx.x g/dL
16. Absolute Reticulocyte: xxxx.xxx 1012/L

Quantitative Immunoglobulins

1. Date immunoturbimetric assay was performed: (mm/dd/yyyy)
2. IgA: (xxxx) mg/dL
3. IgG: (xxxx) mg/dL
4. IgM: (xxxx) mg/dL