Interpretation of Test Results for Hemoglobinopathies

Phenotype	Interpretation	Recommendations
FA	Normal	
FF	No Hgb A found	Repeat test by 2 months of age
FS SS	No Hgb A found May be sickle cell disease	Start penicillin prophylaxis & call Genetics for referral*
FSC SCF SC	No Hgb A found Probably SC disease	Start penicillin prophylaxis & call Genetics for referral*
FC CF	No Hgb A found May be CC or C/thalassemia	Call Genetics for referral*
FAS ASF AS	Probably indicates sickle cell trait	Repeat testing at 6months if anemia is still present
SFA SAF FSA	May be S/beta+thalassemia	Start penicillin prophylaxis & call Genetics for referral*
FAC	This is C trait	None
FCA	May be C/beta-thalassemia	Repeat testing at 6 months if anemia still present If Hgb C remains greater than Hgb A, call for referral
?Barts?	May be alpha thalassemia (rare)	It is of no clinical significance at this age
OTHER	other	Refer to reference lab to identify the abnormality

*A child who has a form of sickle cell disease needs early and continuous health supervision including a local primary care physician who will manage regular care and penicillin prophylaxis as well as a pediatric hematologist to monitor, advise and counsel regarding the disease. Pedatric hematologist visits should occur at a minimum of every four months in the first two years of life. The Genetics office phone number is (504) 219-4413.