

Patient Information	Specimen Informat	tion	Client Info	rmation	
DOB: AGE: Gender: Phone: Patient ID:	Specimen: Requisition: Lab Ref #: Collected: Received: Reported:				
Test Name SICKLE CELL SCREEN Hemoglobin solubility t for detecting or confir hemoglobins in some sit	ming the presence	of sickling	Reference Ra NEGATIVE	ange	Lab

for detecting or confirming the presence of sickling hemoglobins in some situations. Additional testing may be required for diagnosis of hemoglobinopathies. For more information on this test go to: http://education.questdiagnostics.com/faq/FAQ99v1

## **PERFORMING SITE:**

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