



Clinical Laboratories

To: UCM Medical Staff, House staff, Nursing Staff, Patient Care Centers, and Outpatient Clinics

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Date: 8/26/2025

Subject: Changes in ordering and resulting of fetal hemoglobin to monitor fetal maternal hemorrhage, calculate Rhogam dose and assess distribution of fetal hemoglobin in red cells.

Effective Date: 9/2/2025

Laboratory Section: Hematology

Summary:

Effective 9/2/2025, there will be minor changes in ordering and result reporting for fetal hemoglobin.

Selection of one of the clinical indications will be required and will reflex the appropriate components to be filed to the patient chart.

- 1) Fetal maternal Hemorrhage
- 2) Rhogam dosage
- 3) Other.

Selection of fetal maternal hemorrhage and Rhogam as clinical indications will result fetal red cells as the only component and can be used to calculate Rhogam dose.

Selection of "other" as clinical indication will result F-cells that measure distribution of hemoglobin F in adult RBCs and is used to monitor response to therapy in sickle cell patients as well as for diagnosis of conditions like hereditary persistence of fetal hemoglobin.

Assay methodology and performance logistics are unchanged and provided below.

Test Name: Fetal Hemoglobin

Synonym: Fetal Red cells, Fetal Maternal Hemorrhage, KBT, FHGB, Rhogam Dosage

Test Code: LABHEFHGB

CPT Code(s): 853601

Turnaround time: 48 hours

Testing: Flow cytometry method will be performed Monday through Friday 8:00am - 3:00pm and Saturday 8:00am-4:30pm. Kleihauer Betke Method will be performed outside of flow cytometry hours for STAT orders.

Routine orders are held for flow cytometry method performed Monday through Saturday 8:00am-1pm.

Specimen Requirements: Specimen Collection: Whole blood; lavender top

Volume:

Preferred Volume: 4.0 mL

Minimum Volume: 2 mL in 4 mL tube; 1.5 mL in 3 mL tube mL

Questions:

If there are any questions regarding this change, please contact:

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