

**Shipment of samples :**

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P-RD-CHCH-051 – Version 1

**Screening / diagnostics of heredity spherocytosis (HS) and other RBC membrane pathologies**

2 tubes EDTA 5 ml (*new-born: 2 tubes EDTA 2 ml*)

- Cryohaemolysis test (code INAMI: 553195/553206)
- EMA binding test (code INAMI: 545112/545123)
- Deformability assay by ektacytometry (extra cost : 25 €)
- Gel electrophoresis membrane protein analysis: (extra cost: 10 €)

- If possible, joint **parents' samples**
- Send the samples within 24 hours (avoid Friday) - do not centrifuge.

**NECESSARY INFORMATION**

Family Name			
First Name			
Birth Date	/ /	Date of sampling	/ /
	<input type="radio"/> Caucasian <input type="radio"/> African <input type="radio"/> Asiatic <input type="radio"/> Unknown		

<b>Suspicion of</b>	<input type="radio"/> SH	<input type="radio"/> Elliptocytose	<input type="radio"/> Andere	Total bilirubin		mg/dL
<b>Family history</b>		<input type="radio"/> yes	<input type="radio"/> no	Non conjugated bilirubin		mg/dL
<b>Haemolytic anaemia</b>		<input type="radio"/> yes	<input type="radio"/> no	LDH ( <i>your ref. values</i> )		U/L
<b>Splenomegaly</b>		<input type="radio"/> yes	<input type="radio"/> no	Haptoglobin		mg/dL
<b>Splenectomy</b>		<input type="radio"/> yes	<input type="radio"/> no	Haemoglobin		g/dL
<b>Biliary Lithiasis</b>		<input type="radio"/> yes	<input type="radio"/> no	RBC		10 <sup>6</sup> /mm <sup>3</sup>
<b>Diabetes</b>		<input type="radio"/> yes	<input type="radio"/> no	MCV		fL
<b>Neonatal icterus</b>		<input type="radio"/> yes	<input type="radio"/> no	MCHC		g/dL
				MCH		pg
				RDW		%
				Reticulocytes		/mm <sup>3</sup> ( <i>val. absolue</i> )
				RBC morphology		
				DAT (Coombs direct)		

**Transfusion? Y / N** (date of the last one: ...../...../...../)

Treatment:

Commentary or parental link: