

Patient Name  
Age/Gender  
MaxID/Lab ID  
Ref By

Centre  
OP/IP No/UHID  
Collection Date/Time  
Reporting Date/Time



SIN No:GGN275933

**TEST REQUESTED**

Sickle Cell Anemia Gene Mutation Analysis

**METHOD USED**

PCR, SEQUENCING

**RESULTS**

Mutation Not Detected

**INTERPRETATION**

Result	Comments
Homozygous Mutation Detected	Both alleles carry mutation
Heterozygous Mutation Detected	Single allele carries mutation
Not Detected	Both alleles do not carry mutation

**NOTE**

1. This is an in-house developed assay and detects both HbC c.19G>A, p.Glu7Lys and HbS c.20A>T, p.Glu7Val. Thus the following combinations are possible HbA/HbA, HbA/HbC, HbA/HbS, HbS/HbC, HbC/HbC or HbS/HbS.
2. Presence of PCR inhibitors in the sample may prevent DNA amplification.
3. Test can be conducted on whole blood for postnatal Mutation Analysis and Amniotic Fluid for Prenatal Mutation Analysis when parents are at high risk for hemoglobin abnormalities.
4. Genetic counselling is recommended.

**COMMENTS**

Sickle cell disease is caused by a mutation in the hemoglobin-Beta gene found on chromosome 11. Sickle cell disease is caused by one particular mutation on the HBB gene, producing an abnormal version of  $\beta$ -globin known as haemoglobin S (HbS) which can distort red blood cells into a sickle shape. Problems in sickle cell disease typically begin around 5 to 6 months of age. In sickle cell disease (SCD), some cells are curved -- like a sickle--and hard. Because they aren't as flexible--or deformable- they can get stuck in small blood vessels. This can happen in lots of organs like chest, belly and joints. More than 50% of people, experience acute chest syndrome because of the small vessels in the lungs. This can lead to acute hypoxia (low oxygen levels) as well as long term complications in the lungs. It is the stage known as sickle cell crisis.

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