

## **Division of Laboratory Services**

630 Hart Lane Nashville, TN 37216 615-262-6300

https://www.tn.gov/newbornscreeninglab

## **Newborn Screening Disorder:**

## **Hemoglobin SC Disease**

Alternate Name(s)	<ul> <li>Sickle cell - hemoglobin C disease</li> <li>HbSC disease</li> <li>Sickle cell-hemoglobin C disease syndrome</li> </ul>
Analyte(s) Tested	Hemoglobin
Methodology	High-Performance Liquid Chromatography (HPLC)
TDH Requisition Form	<ul> <li>PH-1582</li> <li>Form Requests: Contact state lab by email or fax. Include facility name, address, phone number and contact person on your request.</li> <li>Fax: (615) 262-6455</li> <li>Email: <a href="mailto:DCLAB.supply@tn.gov">DCLAB.supply@tn.gov</a></li> </ul>
Acceptable Specimen	Dried blood spots on filter paper collected from infants less than 6 months of age
Collection Information	<ul> <li>Optimal specimen: Collect at 24 hours + 1 minute of life</li> <li>Acceptable specimen: Collect 24-48 hours of life</li> <li>If transfused: Recollect 4 days post transfusion</li> </ul>
Shipping Information	<ul> <li>Health Departments and Birthing Hospitals</li> <li>Private Clinics and Midwives</li> </ul>
Screening Results	<ul> <li>Tennessee Newborn Screening's Secure Remote Viewer (SRV)         <ul> <li>Healthcare providers must be registered to view and print patient result reports. To Register: Complete and submit SRV Access Form (PH-3909).</li> </ul> </li> <li>NBS List of Screened Disorders and Mailer Explanations</li> </ul>
Laboratory Location Performing Testing	Nashville, TN