Hemoglobin Variant Trait-For Physicians

As part of routine newborn screening all babies are tested for sickle cell disease and other hemoglobinopathies. Screening of all specimens is done by isoelectric focusing (IEF). Results are then confirmed by IEF and citrate agar electrophoresis.

Your patient has tested positive for hemoglobin variant trait. The term hemoglobin variant is used to identify the approximately 500 hemoglobin types that cannot be distinguished by the testing laboratory.

Although most hemoglobin variants have no immediate clinical significance, this information is important for future reproductive decisions of the child and other family members. Also follow up testing is recommended to confirm the child is only a carrier of a hemoglobin trait.

Possible Newborn Screening Results:

	Hemoglobin
F	Fetal hemoglobin, present in declining amounts until 6 months after birth
A	Normal adult hemoglobin
V	Hemoglobin variant
B	Hemoglobin Bart's

FA*:* Normal newborn hemoglobin pattern

FAV, VFA, or AV*:* Hemoglobin variant trait is present

FAV, VFA, or AV along with B: Hemoglobin variant along with Hemoglobin Bart's (see separate Hemoglobin Bart's information sheet)

Follow Up Recommendations:

The baby should be referred to a genetic counselor for follow up testing and genetic counseling.

If you have any further questions, please contact the New Hampshire Newborn Screening Program at (603) 271-4225.

Please give the enclosed parent fact sheet to your patient.

The parent fact sheet is also available in Spanish. Please contact us at (603) 271-4225 if you would like us to send you a copy of the fact sheet in Spanish.