



MEHARRY MEDICAL COLLEGE

Sickle Cell • CENTER

School of Medicine

Hemoglobinopathy Screening Request Protocol

- **Why Get Tested?**

To determine whether a person has sickle cell trait or disease by measuring the presence and amount of hemoglobin S.

- **When to Get Tested?**

Routinely as part of a newborn screen or whenever it is necessary to determine whether a person is a sickle cell carrier or has sickle cell anemia. We primarily target individuals of childbearing age.

- **Sample Required?**

A blood sample drawn from a vein in your arm or obtained from the heel or finger stick.

- **Test Preparation Needed?**

None; however, if this test is used for diagnosis, the sample should not be drawn after a recent blood transfusion. **Redraw blood at least 3 months (90 days) from date of transfusion.**



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Screening Performed by MSCC
Preparation Steps

Step 1

- The Meharry Sickle Cell Center (MSCC) needs an official invite **60 days** prior to the event. The invite should include dates, times, location, expected number of people to be tested, and type of audience. Letter should be addressed to MSCC Directors. The initial contact can be made by phone, mail, email, or fax.

- Contact Information:

Directors
Meharry Sickle Cell Center
Meharry Medical College
1005 Dr. D.B. Todd Blvd.
Nashville, TN 37208
Phone: 615-327-6763
Fax: 615-327-6008
Email: sickle_cell@mmc.edu

Step 2

- Seek available MSCC staff and recruit volunteers.

Step 3

- Meharry's Legal Department needs to be informed at least 60 days **prior** to the event. An [agency request form](#) on company's letter head from the organization requesting the screening and addressed to the MSCC Directors is a priority. The letter of invite must contain the following information:
 1. Time, location (with map or driving directions), and date of desired screening.
 2. Permission for Meharry Sickle Cell Center to participate in the screening and **draw blood** at the desired location.
 3. The letter should be signed by the person requesting the screening or authorized official from the organization.
 4. Event organizer contact information (name, email address, cell phone).



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School of Medicine

5. Internal directions to the screening area (within the organization).
 6. This letter of invite along the **list of Meharry staff and volunteers** planning to participate at the screening event will be routed (contract routing slip) to the **Chair** of Internal Medicine and the **Dean** of the Medical School for signatures and then will be routed to legal.
 7. If Meharry medical students are volunteering, a resident or an attending physician needs to be present to supervise the activity.
 8. Meharry's liability insurance is covered under Meharry's legal department.
- Upon **approval by Meharry Legal**, the MSCC will contact the Agency with our **acceptance** for doing the screening at their location and we will state our needs (6-ft long table, 10 chairs, private area for counseling if anyone wants to have some onsite) and verify the expected number of individuals to be screened. This process has to be done on an individual basis, even in the case of multiple requests by the same Agency.



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Screening Requests from Out of Town Locations/Locations Doing their own Screening

Step 1

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- Contact Information:

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Step 2

- Seek available MSCC staff and recruit volunteers.

Step 3

- In the event, specimens are sent into MSCC from a Health Fair, or out of town locations, please follow our collection and handling procedures on Meharry's website under <http://sicklecell.mmc.edu>
- Most institutions or agencies have supplies from us, if not; upon request the MSCC will mail them microvette tubes, lancets, biohazard bags.
- **Large Styrofoam shipping boxes** need to be purchased by the organization requesting the screening (box ordering information supplied by us upon request).
- Sample Request forms (SRFs) have to accompany each individual blood sample in a single biohazard zip lock bag. SRFs need to be downloaded from our website. Each



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tube needs to be labeled with full name, Date of Birth (DOB) and Date of Collection (DOC). Please fill up box for event form, if applicable.

- Please include a **list** of all individuals to be tested along with their contact information (name, address, phone, email).
- Mail all screening specimens in a **Large Styrofoam shipping box, via courier or express mail** to the MSCC Lab Supervisor. Please include wet ice packs in the box, **DO NOT FREEZE**.

Step 4

- The Hemoglobinopathy Results will be mailed two weeks after testing is performed **to the Agency that requested the Screening**. The agency will distribute results and contact the individuals tested. The results are in a report format to the individual, plus an explanation of the result and contact information for the MSCC Nurse Practitioner.

MSCC Screening Request Protocol Rev2016

Implemented: July, 2007	RF and MdPA
5 th Revision: April 2016	MRK and MdPA