<table>
<thead>
<tr>
<th>ANALYTE ID</th>
<th>%</th>
<th>TIME</th>
<th>AREA</th>
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<tbody>
<tr>
<td>P2</td>
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<td>1.28</td>
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<td>2.12</td>
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<td>Ao</td>
<td>58.5</td>
<td>2.45</td>
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<td>A2</td>
<td>0.9</td>
<td>3.60</td>
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<td>D-WINDOW</td>
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</tr>
</tbody>
</table>

TOTAL AREA: 1402251

F: 0.0%  A2: 0.9%
The chromatogram and data in this case report are actual laboratory findings. Bio-Rad Laboratories, Inc. does not validate or confirm the sample data included in this database. All information contained herein is for informational use only and is not meant as a definitive identification of hemoglobin genotype.

Hb name: G-Philadelphia

Confirmation Methods: DNA sequencing, Alkaline starch gel electrophoresis

MCV: 84.0 fL
MCH: 28.7 pg
RBC: 5.06 M/µliters
HGB: 14.5 g/dL

Stability: Normal
Sickling: Negative

Age: 61-70 yr
Hereditary: Heterozygote

Reference Laboratory:
Dr. Piero C. Giordano
Hemoglobinopathies Laboratory
Human and Clinical Genetics Department
Leiden University Medical Center
Leiden, The Netherlands

Bio-Rad Comments:
G Philadelphia alpha 68(E17) Asn>Lys is clinically normal and does not interact with HbS. Since it has been described as carried by the a1, the a2 or the recombinant a1a1 gene of an a1-Kb deletion, it may be expressed at different level. In the example here shown, the percentage of 34% suggests that the mutation is carried by a recombinant gene. This case is most common in people of African descent.