FOR ALL YOUR PATIENTS, REMEMBER TO CHECK ThAT LAB VALUE FOR PAROXYSMAL NOCTURNAL HEMOGLOBINURIA AND TEST WITH FLOW CYTOMETRY

Precision Medicine

Laboratory Parameter[1-5]	Reference Values[a]
Blood Count(s)	
Hemoglobin	Male: 13.0–18.0 g/dL; female: 12.0–16.0 g/dL
Hematocrit	Male: 42%–50%; female: 37%–47%
Red blood cells	4.2–5.9 million/µL
Platelets	150,000–450,000/µL
Absolute reticulocyte count (ARC)	25,000–100,000/µL
Leukocytes	4000–11,000/µL
Metabolic Chemistry	
Serum creatinine	Male: 0.7–1.3 mg/dL; female: 0.5–1.1 mg/dL
Albumin-to-creatinine ratio	<30 mg/g
Estimated glomerular filtration rate (eGFR)	90–120 mL/min/1.73 m^2
Total bilirubin	0.3–1.0 mg/dL
Lactate dehydrogenase (LDH)	80–225 U/L
Additional Tests	
Haptoglobin	83–267 mg/dL
Ferritin	Male: 24–336 ng/mL; female: 24–307 ng/mL
Coombs test	Negative
Hemosiderin	Negative
C3	100–233 mg/dL

PNH, paroxysmal nocturnal hemoglobinuria.

= Important laboratory marker related to PNH

For all your patients, remember to[4,6,b]:

- **C**oombs-negative hemolytic anemia
- **H**emoglobinuria
- **E**rectile dysfunction
- **C**ytopenias
- **K**idney disease
- **Th**rombosis at unusual sites
- **A**nemia/aplastic anemia[c]
- **T**iredness

Get definitive answers and test early

If your patient has some or all of these symptoms, consider diagnostic biomarker testing for PNH with flow cytometry

[a]Reference values may differ based on laboratories; values are provided as examples. Please confirm individual reference values with your laboratory. Interpretation of test results in relation to the reference range(s) depends on the clinical context.

[b]This list does not include all possible symptoms associated with PNH.

[c]All patients with aplastic anemia should be screened for PNH clones using flow cytometry.[7]

SUMMARY

Biomarker testing along with flow cytometry is fundamental to getting a diagnosis of PNH, which is essential to guiding therapeutic decisions[3,8-12]

Diversity of PNH symptoms and patient presentation can contribute to diagnostic delays[3,13]

Timely and accurate diagnoses can aid in making appropriate treatment decisions for patients with PNH[3,8-11]

CHECK ThAT lab value and consider biomarker testing using high-sensitivity flow cytometry for suspected PNH to obtain a definitive diagnosis[3,4,6,10,13]

Check out the **ICCS/ESCCA Consensus Guidelines** to detect GPI-deficient cells in PNH and related disorders for more information[14-17]

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ESCCA, European Society for Clinical Cell Analysis; GPI, glycosyl phosphatidylinositol; ICCS, International Clinical Cytometry Society.

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