Sir, the recent publication on Naked-Eye-Single-Tube-Osmotic-Fragility-Test (NESTROFT) for beta-thalassemia carrier detection is very interesting (1). Concluded that “NESTROFT appears to a valid test in rural setting with financial constraints (1).” We would like to share experience on this issue. Based on our experience, using NESTROFT along or combined with dichlorophenol-indolephenol (DCIP) tests is a good screening tool for detection beta-thalassemia carrier (2–4). Focusing on rural communities, it is approved cost effective (2). However, there are some issues on using NESTROFT to be noted. First, this test cannot successfully determine all kinds of thalassemia and hemoglobinopathy. Alpha-thalassemia cannot be successfully screened by this technique (2–4). Adding of DCIP might help screen other hemoglobinopathies such as hemoglobin E and hemoglobin Constant Spring (2–4). Second, the quality control of the test is needed (5). This test seems to be simple and classifiable as a point-of-care testing. The quality control might be forgotten.

References