39242

ALABAMA DEPARTMENT OF PUBLIC HEALTH
BUREAU OF CLINICAL LABORATORIES
204 LEGENDS COURT PRATTVILLE, AL 36066
P.O. BOX 1000 PRATTVILLE, AL 36067-8901
STATE LAB (334) 290-6130

ALABAMA NEWBORN SCREENING REPORT

Date: [redacted]

02H65320

Infant	[redacted]	Lab	[redacted]
Birth Date	[redacted]	Patient Number	[redacted]
Collect Date	[redacted]	Gestational Age	[redacted]
Received Date	[redacted]	Sex	[redacted]
Mother	[redacted]	Race	[redacted]
Address	[redacted]	Weight	[redacted]
City/St/Zip	[redacted]	Trans/Date	[redacted]
Phone	[redacted]	Medical Rec #	
County	[redacted]	Form Number	[redacted]
Physician	[redacted]		
Submitter	[redacted]		

*NP = Not Provided

1

(Duplicate)

SCREENING RESULTS

DISORDER	RESULT	COMMENT	NORMAL RANGE
Hemoglobinopathy	FA	NORMAL	FA
Congenital Hypothyroidism (CH)	T4 10.6 µg/dL TSH 7.9 µIU/mL	NORMAL	5.1 - 25.0 µg/dL TSH <25.0 µIU/mL
Congenital Adrenal Hyperplasia (CAH)	7.2 ng/mL	NORMAL	< 45.0 ng/mL
Phenylketonuria (PKU)	NORMAL	NORMAL	< 2.1 mg/dL
Galactosemia	NORMAL	NORMAL	>= 2.7 U/dL
Biotinidase	NORMAL	Full Enzyme Activity	Full Enzyme Activity
Hearing- Performed By Submitter	Left: Pass Right: Pass Method: AABR	Normal	

*Amino Acid Profile: Citrulline, Leucine, Methionine, Tyrosine, Valine. Effective 08/06/07 Phenylanine Included
**Fatty Acid Profile: C8, C10:1, C8/C10, C0 Effective 4/16/07 C14:1, C14:2, C14, C16OH, C16:1OH, C18OH, C18:1OH, C16, C18:1, C18:2, C18 Included
***Organic Acid Profile: C3, C3/C2, C5DC, C5, C5/C2. Effective 08/06/07 C5:1 and C5OH Included

The Alabama Department of Public Health Newborn Screening Program identifies infants at increased risk for a variety of disorders. The results above should be evaluated with attention given to age at time of collection, birth weight, prematurity status, nutrition, and treatments (transfusion, glucose, antibiotics, etc.). The clinical significance of these results must be determined accordingly. Since this is a screening test that can be affected by these factors, the possibility of a false positive or false negative result must be considered. Newborn screening results may be insufficient on which to base diagnosis or treatment. The test may need to be repeated and the diagnosis confirmed or ruled out by additional specialized studies. Screening for SCID and SMA are performed using a "Research Use Only" kit manufactured by Perkin Elmer. The performance

BUREAU . STATE LABORATORY SERVICES
250 NORTH 17TH AVENUE
PHOENIX, ARIZONA 85007-3231
BUREAU CHIEF: VICTOR WADDELL, PHD

SECOND NEWBORN SCREENING RESULTS

Patient Information

INFANTS NAME: [redacted]
Sex:
Mothers Name:
Date of Birth:

Patient Number: [redacted]
Birth Weight:
Mothers SS#:
Hospital MR#:

Specimen Information

Collected: [redacted]
Lab Number:
Kit Number:

Received: 08/23/2004 Reported: 09/01/2004
Physician: [redacted]

Patient Results

Test	Description	Results	Expected Results
T4	NORMAL	> 5 UG/DL	> 5 UG/DL
PKU	NORMAL	< 2.1 MG/DL	< 2.1 MG/DL
BIOTIN	NORMAL	ENZYME ACTIVITY PRESENT	ENZYME PRESENT
MSUD	NORMAL	< 4 MG/DL	< 4 MG/DL
HOMOCYST	NORMAL	< 2 MG/DL	< 2 MG/DL
HEMOGLOB	NORMAL	FA: NORMAL	FA: NORMAL
GALT	NORMAL	> 2.4 U/GHB	> 2.4 U/GHB
CAH	NORMAL	<50 NG/ML: NORMAL FOR ANY BIRTH WEIGHT	BIRTH WT. ADJ.

It is the responsibility of the patient, the patient's personal representative or healthcare decision maker to arrange with the patient's healthcare provider for consultation and interpretation of these test results

DEPARTMENT OF HEALTH SERVICES
NEWBORN SCREENING PROGRAM
850 MARINA BAY PARKWAY, ROOM F175
RICHMOND, CA 94804
(510) 412-1502

NEWBORN SCREENING RESULTS - INITIAL

MONTEREY PENINSULA COMM HOSP
LABORATORY
BOX H H
MONTEREY, CA 93942

BABY
[redacted]

MOTHER
[redacted]

SPECIMEN COLLECTION SITE
[redacted]

NEWBORN'S PHYSICIAN
[redacted]

BIRTH/COLLECTION INFORMATION
Date Time
[redacted]

These results assume no transfusion prior to testing. Interpretations are based on clinical and demographic information provided.

TEST	CUTOFF	RESULT	INTERPRETATION
Phenylketonuria			
• Phenylalanine		81 µmol/L	
• Tyrosine		117 µmol/L	
• Phenylalanine/Tyrosine Ratio	≥ 1.50	.70	negative
Galactosemia			
• Galactose-1-uridyl transferase	≤ 50	262 enzyme units	negative
Primary Congenital Hypothyroidism			
• TSH	≥ 25.00	4.27 mIU/L	negative
Hemoglobinopathies			
• Hb Pattern		FA	negative

Hb Interpretation: *Usual hemoglobin pattern. These results assume no transfusion prior to testing and do not rule out the possibility of a thalassemia trait or rare hemoglobin variants.*

[redacted]

If you have questions regarding these results, please contact the Newborn Screening staff at STANFORD UNIVERSITY, (650) 812-0353.

Testing Laboratory: ALLIED MEDICAL LABORATORY 453 RAVENDALE DRIVE, STE B, MOUNTAIN VIEW, CA 94043

John Sherwin, Ph.D., Chief, Genetic Disease Laboratory Section

OFFICE USE ONLY: 335-94-013//21-2004-12 12/01/04 R356 XX 1 11 - 89

Patient: [redacted]

[redacted]

Letter Details

Colorado Dep[illegible]tment of Public Health and E[illegible]onment
Laboratory and Radiation Services
8100 Lowry Blvd
Denver, CO 80230
(303) 692-3670

Laboratory ID: R-530,030 | 11/24/04 91-623

Patient	Newborn Screening	Submitting Agency

Name: [redacted]
Date of Birth:
Mother:
Patient ID:
Physician:

Childrens Medical Center
1625 Marion St.
Denver, CO 80218-

12/1/04/MC

Screening Type: Repeat Test | Weight in gram: 3459
Collection Date: 11/22/04 | Birth Order: N/A | Agency ID: 8,020

- Test Results -

	Result:	Normal Range:
Biotinidase Deficiency	>30% enzyme activity	> 30% enzyme activity
-Normal-		
Congenital Adrenal Hyperplasia	6	<1299 grams - <135 ng/ml 1300-1699 gm - <115 ng/ml 1700-2199 gm - <65 ng/ml >=2200 grams - <55 ng/ml
-Normal-		
Cystic Fibrosis	84	< 105 ng/mL trypsinogen
-Normal-		
Galactosemia	Presence of enzyme activity	Presence of enzyme activity
-Normal-		
Hemoglobinopathy	F + A	F + A
-Normal-		
Phenylketonuria	0.7	< 2.1 mg/dL phenylalanine
-Normal-		
Hypothyroidism (T4)	16.8	>= 6 ug/dL thyroxine
-Normal-		
Hypothyroidism (TSH)	No Test	< 20 mU/L TSH
-Normal-		

Only the patients in the low10% of the daily T4 values are assayed for TSH. The T4 value for this patient was not in that low 10%.

12/3/04

Printed on: 11/26/04

[redacted]

This letter was initially viewed by [redacted]

STATE OF CONNECTICUT
Department of Public Health
Division of Laboratory Service
10 Clinton St.
P.O. Box 1689
Hartford, CT 06144
CONN. CLINICAL TESTING LICENSE# CL-0197
TELEPHONE: (860) 509-8500

I.D.	ACCESSION NO.	ACCOUNT NO.	AGE	S		PAGE
	[redacted]	[redacted]	[redacted]	[redacted]		1

INFORMATION

[redacted]

Newborn
STAMFORD HOSPITAL-PKU
SHELBOURNE/W.BROAD
NEWBORN NURSERY
STAMFORD CT 06902

COLLECTED	RECEIVED	REPORTED
11/10/05 08:20	11/14/05 12:12	11/29/05 15:39

REPORT	FINAL REPORT	COMMENT	[redacted]

TEST(S)	RESULT(S)
	Hospital Of Birth Stamford Hospital Of Transfer 0 Baby's Med Rec # [redacted] Doctor's Name [redacted] Doctor's Address [redacted] Doctor's City/St/tel [redacted] Baby's Name [redacted] Birth Date and Time [redacted] Weight 2266 Status Of Infant well Is this baby less than 24 hours old? No Has the baby been transfused in last 24 hours? No Race:
Initial Screening	NEGATIVE, no evidence of these disorders
Screening Panel	THE NEWBORN SCREENING PANEL INCLUDES THE FOLLOWING: FATTY ACID OXIDATION DISORDERS: Medium Chain Acyl-CoA Dehydrogenase Deficiency, Long Chain Hydroxyacyl-CoA-Dehydrogenase Deficiency, Long Chain Acyl-CoA Dehydrogenase Deficiency, Trifunctional Protein Deficiency, Very Long Chain Acyl-CoA Dehydrogenase Deficiency, Multiple Acyl-CoA Dehydrogenase Deficiency, Glutaric Acidemia Type 2, Carnitine Palmitoyl Transferase Deficiency Type 1, Carnitine Palmitoyl Transferase Deficiency Type 2, Carnitine/Acylcarnitine Translocase Deficiency, Short Chain Acyl-CoA Dehydrogenase Deficiency, Ethylmalonic Acidemia and 2,4 Dienoyl CoA Reductase Deficiency. AMINO ACID DISORDERS: Phenylketonuria, Maple Syrup Urine Disease, Homocystinuria, Hypermethioninemia, Tyrosinemia, Citrullinemia, Arginosuccinic Acid Synthetase Deficiency, Arginosuccinic Aciduria, Nonketotic Hyperglycinemia, Pyroglutamic Acidemia, Hyperprolinemia, Hyperornithinemia, Arginase Deficiency and Ornithine Transcarbamylase Deficiency. ORGANIC ACID DISORDERS: Glutaric Acidemia Type 1, Propionic Acidemia, Methymalonic Acidemia, Isovaleric Acidemia, Beta-Ketothiolase Deficiency, 3-Hydroxy-3-Methylglutaryl CoA

*** CONTINUED ***

ORIGINAL

STATE OF CONNECTICUT
Department of Public Health
Division of Laboratory Service
10 Clinton St.
P.O. Box 1689
Hartford, CT 06144
CONN. CLINICAL TESTING LICENSE# CL-0197
TELEPHONE: (860) 509-8500

I.D.	ACCESSION NO.	ACCOUNT NO.	AGE	S		PAGE
	[redacted]	[redacted]	[redacted]	[redacted]		2

INFORMATION [redacted]

Newborn
STAMFORD HOSPITAL-PKU
SHELBOURNE/W.BROAD
NEWBORN NURSERY
STAMFORD CT 06902

COLLECTED	RECEIVED	REPORTED
11/10/05 08:20	11/14/05 12:12	11/29/05 15:39

REPORT	FINAL REPORT	COMMENT	

TEST(S)	RESULT(S)
	Lyase Deficiency, 3-Methylcrotonyl CoA Carboxylase Deficiency, Multiple CoA Carboxylase Deficiency and Malonic Aciduria. OTHER DISORDERS: Biotinidase Deficiency, Congenital Hypothyroidism, Congenital Adrenal Hyperplasia, Hemoglobin Phenotype, Galactosemia and Carnitine Deficiency.
Disclaimer	PLEASE NOTE: The purpose of newborn screening is to identify infants at risk and in need of more definitive testing. As with any laboratory test, both false negative and false positive results are possible. These tests are not diagnostic. Screening test results are insufficient information on which to base diagnosis or treatment. Regardless of screening test results, a physician should immediately evaluate any infant who exhibits findings consistent with the targeted disorders noted above.

[redacted]

------ ** END OF REPORT **

ORIGINAL

DEPT OF HUMAN RESOURCES
CENTRAL PUBLIC HEALTH LABORATORY
E. A. FRANKO, DR.P.H., DIRECTOR
1749 CLAIRMONT RD NE
DECATUR, GA 30033-4050
Phone: 404-327-7900
Georgia Clinical Laboratory License# 044-121
CLIA ID# 11D0671793

CLINICIAN SPECIMEN REPORT

CLINICIAN

FORM ID NUMBER: 2000681158

[redacted]

[redacted]

MOTHER
NAME:
ADDRESS: [redacted]

SUBMITTED BY: [redacted]
PHONE: [redacted]

SPECIMEN

LAB NO: [redacted] COLLECTED: 3/3/2005 TIME: 6:40 PM
RECEIVED: 3/7/2005 TIME:

ANTIBIOTICS: NO DATE OF FINAL REPORT: 3/10/2005
TRANSFUSION: NO
PROTEIN FEEDING: BREAST
REASON: FIRST TEST

*** FINAL REPORT ***

TESTS REQUESTED	RESULTS
BIOTINIDASE	WITHIN NORMAL LIMITS
CAH (17 Hydroxy Progesterone)	WITHIN NORMAL LIMITS
CONGENITAL HYPOTHYROIDISM (TSH)	WITHIN NORMAL LIMITS
CONGENITAL HYPOTHYROIDISM (T4)	WITHIN NORMAL LIMITS
GALACTOSEMIA	WITHIN NORMAL LIMITS
HEMOGLOBIN	FA
MSUD (Leucine - TMS)	WITHIN NORMAL LIMITS
HOMOCYSTINURIA (TMS)	WITHIN NORMAL LIMITS
PHENYLALANINE (TMS)	WITHIN NORMAL LIMITS
TYROSINE (TMS)	WITHIN NORMAL LIMITS
MCADD (TMS)	WITHIN NORMAL LIMITS

Maryland Department of Health & Mental Hygiene - Laboratories Administration
Division of Newborn and Childhood Screening
Jack DeBoy, Ph.D., Director, Laboratories Administration
Fizza Gulamali-Majid, Ph.D., Division Chief
P.O. Box 2355, Baltimore, MD 21203
410-767-6099

NEWBORN SCREENING LABORATORY REPORT

Date of Report: [redacted]

Baby's Name: [redacted]
Date of Birth: [redacted]
Sex: M

Submitter: [redacted]
Hospital ID No.:
Hospital of Birth: [redacted]

PREVIOUSLY REPORTED RESULTS			CURRENT REPORT	
Accession No.: 05N296233P			Accession No.: 05S112393V	
Date Collected: 03/20/05			Date Collected: 03/30/05	
Date Received: 03/26/05			Date Received: 04/02/05	
	Result	Normal Limits	Result	Normal Limits
Amino Acid Profile:				
Arginine	WNL	≤150 µM	WNL	≤150 µM
Citrulline	WNL	≤100 µM	WNL	≤125 µM
Valine	WNL	≤375 µM	WNL	≤375 µM
Leucine	WNL	≤312 µM	WNL	≤312 µM
Methionine	WNL	≤90 µM	WNL	≤90 µM
Phenylalanine	WNL	≤220 µM	WNL	≤220 µM
Tyrosine	WNL	≤400 µM	WNL	≤400 µM
Phe/Tyr Ratio	WNL	<2.5	WNL	<2.5
Thyroxine	WNL	≥6.5 µg/dL	WNL	≥4.0 µg/dL
TSH				
GALT	WNL	Normal		
Galactose	WNL	≤10 mg/dL		
Biotinidase	WNL	Normal		
17-OHP	WNL	<58 ng/mL		
Hemoglobin	FA	FA		
ACYLCARNITINE PROFILE	WNL		WNL	

ACYLCARNITINE PROFILE is a screen for Fatty Acid Oxidation Disorders and Organic Acidemias (more than 20 metabolic disorders).

DEFINITIONS: WNL = Within Normal Limits µM = µmoles/L FA = Fetal and Adult Hb present

NORMAL LIMITS: The limits stated above do not apply to infants more than 8 weeks old.

FOOTNOTES:

RECEIVED
APR 0 8 2005

OK
MS

[redacted]

[redacted]

[redacted]

NEW ENGLAND NEWBORN SCREENING PROGRAM

UMass Chan Medical School
377 Plantation Street; Biotech-4, 2nd Floor
Worcester, MA 01605-2300
Telephone: 774-455-4600
Fax: 774-455-4657

Sickle Cell Status from Newborn Screening Testing

Print Date: 02/10/2023

Baby's Name: [redacted]
Mother's Name: [redacted]
Baby's Sex: [redacted]
Birth Date: 07/26/2004
Specimen Date: 08/02/2004
Birth Hospital: [redacted]
Birth Facility Code: [redacted]
Lab No: [redacted]

Pattern: FA. Newborn Screen did not indicate sickle cell disease or trait.

Test performed by the New England Newborn Screening Program at 305 South St., Jamaica Plain, MA 02130 Roger B. Eaton, Director

Please contact the Newborn Screening Program at 774-455-4600 if you have any questions or clinical concerns.

This report has been created using data intended to be utilized during the newborn period as part of a newborn screening program. Other uses be at the discretion of a trained medical professional.

Printed by: ; Document ID: [redacted]

Michigan Department of Community Health
Bureau of Laboratories
3350 N Martin Luther King Jr Blvd
PO Box 30689
Lansing, MI 48909

Reported: [redacted]
Printed:

NEWBORN SCREENING LABORATORY RESULTS

EW SPARROW HOSPITAL
LABORATORY SUPERVISOR
1215 E. MICHIGAN AVE.
LANSING, MI 48909

Kit Number:
Accession Number: [redacted]

Baby Name: [redacted]
Birth Date:
Collection Date: [redacted] Collection Age: 32 hours
Gender:
Birth Facility: [redacted]
Specimen Type: FIRST
Medical Record: [redacted]
Mother Name: [redacted]
Phone:
Physician:
Phone:
Fax:
Submitter: [redacted]
Phone:
Fax:

Disorder	Analyte	Patient Result	Expected Result	Interpretation	Comment
CAH	17-OHP	31 ng/mL	< 60 ng/mL	Normal	
Hypothyroidism	TSH	9 uIU/mL	* Varies with Age	Normal	
Galactosemia	GALT	11.9 U/gHb	> 3.1 U/gHb	Normal	
Maple Syrup Urine Disease	Leucine	129 umol/L	< 300 umol/L	Normal	
Phenylketonuria	Phenylalanine	87 umol/L	< 134 umol/L	Normal	
MCAD	Acylcarnitine(s)	Normal Profile	Normal Profile	Normal	
Hemoglobinopathy	Hemoglobin	Normal Pattern	Normal Pattern	Negative	
Biotinidase Deficiency	Biotinidase	Normal Activity	Normal Activity	Normal	
Homocystinuria	Methionine	37 umol/L	< 87 umol/L	Normal	
Citrullinemia	Citrulline	16 umol/L	< 54 umol/L	Normal	
Argininosuccinic Aciduria	Citrulline	16 umol/L	< 54 umol/L	Normal	

Recommended Actions:

None

* Age, Expected Result (uIU/mL.): <24h, not defined; 24-36h, < 33; 37h-6d, < 25; 7-31d, < 13; >31d, <= 10

The laboratory values in this report represent screening test results and are intended to identify infants at risk for selected disorders and in need of more definitive testing. "Normal" refers to the analyte measured. The above results should be correlated clinically with consideration of age at the time of collection, nutrition, birth weight, prematurity, health status, and treatments. Rescreening of infants that were initially tested before 24 hrs of age is recommended, if warranted clinically. Performance characteristics were determined by MDCH.

Physician Forward Copy

1

NEW YORK STATE DEPARTMENT OF HEALTH

Newborn Screening Program - Wadsworth Center - David Axelrod Institute, 120 New Scotland Ave, Albany, NY 12208
Phone: (518) 473-7552, Fax: (518) 474-0405 CLIA # 33D2005937

Infant: [redacted]
Birth Date:
Multiple Birth:
Med Rec #:
Specimen Date: 11/13/2005
Date Received: 11/17/2005
Initial Date Reported:
Current Date Reported: 03/01/2023

Lab ID: [redacted]
Accession #:
Prior Accession #:
Mother:

Submitter: [redacted]
Hospital:

ALL TESTS SCREEN-NEGATIVE

NO FOLLOW-UP ACTION REQUESTED

SEE REVERSE SIDE FOR SCREENED DISORDERS AND REFERENCE RANGES

[redacted]

[redacted]

DISORDER	ANALYTE / PRIMARY MARKER	REFERENCE RANGE
Amino Acid Disorders		
HCY • HMet	Methionine	< 1.5 mg%
MSUD	Leucine	< 4 mg%
PKU • HyperPhe	Phenylalanine	< 3 mg%
Endocrine Disorders		
CH	Thyroxine	> 6 ug/dL
Hemoglobin Disorders		
Disease S/S	Hemoglobin S	Absent
S/C	Hemoglobin SC	Absent
C/C	Hemoglobin C	Absent
Other Variants	Variant Hemoglobins	Absent
Carrier A/S	Hemoglobin AS	Absent
A/C	Hemoglobin AC	Absent
A/Other	Hemoglobin AOther	Absent
Infectious Diseases		
HIV-1	HIV-1 Antibodies	non-reactive
Other Genetic Conditions		
BIOT	Biotinidase	activity present
GALT	Galactose Transferase	activity present

Attention Health Care Provider. Newborn screening tests are intended to provide an early opportunity to detect disorders before symptoms appear. These tests are not diagnostic. RegardLess of screening test results, a physician should immediately evaluate any infant who exhibits findings consistent with the targeted disorders noted above. This information has been disclosed to you from confidential records which are protected by state law. State law prohibits any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law.

North Carolina Department of Health and Human Services
State Laboratory of Public Health
Newborn Screening/Clinical Chemistry Branch
Lou F. Turner, Dr. P.H., Director, N.C. State Laboratory Of Public Health
306 N. Wilmington St, P.O. BOX 28047, Raleigh, N.C. 27611

DATE OF REPORT: 6/22/2004 LABORATORY NUMBER: [redacted] 1ST TEST BLOOD SPOT

MED. RECORD#: [redacted]
BABY'S NAME: [redacted]
RACE:
MOTHER'S NAME:
ADDRESS 1:
CITY/STATE:

5667

MULTIPLE BIRTH:
SEX: MALE
WEIGHT: 4025 grams
MAIDEN NAME: [redacted]
PHONE: [redacted]
COUNTY: Onslow

DATE OF BIRTH: 6/8/2004
DATE BLOOD COLLECTED: 6/13/2004
AGE AT COLLECTION: 5 days
FIRST RBC TRANSFUSION:

TIME OF BIRTH: 16:15
TIME COLLECTED: 21:30
COLLECTED BY: ES
TIME:

SUBMITTER: [redacted]

STUDIES SHOULD ALWAYS BE REPEATED WHEN CLINICALLY INDICATED

CAH:	Normal
GAL:	Normal
THYROID:	Normal
HEMOGLOBIN:	Normal, FA
AMINO ACID PROFILE:	Normal
ACYLCARNITINE PROFILE:	Normal

* To convert to ng/dl * - Multiply ng/ml by 100

ATTN: [redacted]

NBS Lab#: [redacted]

Ohio Department of Health

Ohio Department of Health Public Health Laboratory
Newborn Screening Program
8995 East Main Street, Building 22
Reynoldsburg, Ohio 43068
Bruce Vanderhoff, MD, MBA, Director
Mike DeWine, Governor

(888) 634-5227
FAX (614) 644-4648
CLIA ID# 36D0655844
https://odh.ohio.gov/newbornscreening
Tammy Bannerman, PhD, D(ABMM),Lab Director

OHIO DEPARTMENT OF HEALTH NEWBORN SCREENING PROGRAM

LABORATORY REPORT

Provider

[redacted]

NewBorn [redacted]

Birth Date [redacted] **Time** 7:48 am

Gender Female **Weight** 3,643

Transfusion No **NICU** False

TPN False **Gest:** 39

Mother [redacted]

Address [redacted]

City [redacted] **County** SUMM

State [redacted] **Zip** [redacted] **Phone** [redacted]

Birth Hospital [redacted]

Baby's Id [redacted]

Specimen Date 10/6/04 **Time** 11:40 pm

ODH Recd: 10/8/04 **Kit #:** 4756755

PCP [redacted] **PCP Phone:** [redacted]

Results

Test	Value	Reference Range	Risk
17-OH-Progesterone (CAH)	15.0244	< 60 ng/mL	LOW
Biotinidase	>= 5 ERU	>= 5 ERU	LOW
Citrulline	16.56	< 72 umol/L	LOW
Galactose-1-PO4-Uridyl Transferase	> 60 uM NADPH	> 60 uM NADPH	LOW
Hemoglobin Detected	FA	FA	NORMAL
Isovalerylcarnitine (IVA)	0.118	< 1.0 umol/L	LOW
Leucine (MSUD)	88.384	< 300 umol/L	LOW
Methionine (Homocystinuria)	26.987	< 82 umol/L	LOW
Octanoylcarnitine (MCAD)	0.108	< 0.7 umol/L	LOW
Phenylalanine (PKU)	42.359	< 120 umol/L	LOW
Propionylcarnitine (PA, MMA)	1.353	< 5.6 umol/L	LOW
TSH	5.969	< 34 ulU/mL	LOW
Valine (MSUD)	111.64	< 340 umol/L	

DISORDERS SCREENED

The list of the disorders screened in Ohio can be obtained from the ODH web site given below or by calling the ODH laboratory at 1-888-ODH-LABS.
http://www.odh.ohio.gov/odhprograms/phl/newborn/NBSDisordersList.aspx

The rules governing the Genetic, Endocrine and Metabolic Screening of Newborn Infants can be found in the Ohio Administrative Code (Chapter 3701-55). A complete copy of the rules is available at http://www.odh.ohio.gov/rules/finalt/f3701-55.aspx

Print Date 3/21/2023

Oregon Department of Human Services
Oregon State Public Health Laboratory
P.O. Box 275
Portland, Oregon 97207-0275
(503) 229-5466

Newborn Screening Test Results

[redacted]

Thi
Prio

[redacted]

Patient Information

Name: [redacted]
Birth Date:
Sex:
ID Chart#:

Birth Order:
Age: 21 H
Current Wt: 3175
Feeding:

Birth Weight: 3260

Collected: 12/11/2004 1430
Received: 12/14/2004 1446

Race: WHITE NON-HISPANIC
Other Factors:

Mother:
Doctor:

Mother DOB:

Hospital: KOOTENAI MEDICAL CENTER

KEOGH,

FIRST SPECIMEN

LAB # 20043500237

TEST	RESULTS	EVALUATION	REFERENCE
T4	Normal	Normal	
Phenylalanine	< 200 uM	Normal	**Age Adjusted**
Biotinidase	Has Color	Normal	Norm < 200 uM
Hemoglobin	FA	Abn Hb not found	Norm Has Color
CAH(17-OHP)	Normal	Normal	Norm = FA
GALT	Fluorescence	Normal	** Age Adjusted **
Amino Acids	Normal	Normal	Norm= Fluorescence
Acylcarnitines	Normal	Normal	Normal
			Normal

Note: If infant was transfused, results should be interpreted with caution.
Amino Acids & Acylcarnitines include Leucine, MCAD & 32 other analytes / ratios.

Welcome to KIDSNET

KIDSNET

Search
Patient List
Recently Viewed
Demographics
Newborn Summary
Personal School Form

Lead Poisoning
Early Intervention
Immunization
IZ Data Entry
WIC
Hearing Assessment
Newborn Developmental Risk Assessment
Family Visit
Newborn Screening
Birth Defects Reporting
Developmental Screening
Growth Charts
Asthma
Child Outreach
Newborn Diagnostic Summary
Cedar
Head Start

User Profile
Practice Reports
Forms & Resources
KIDSNET Help
Logoff

SSV Practice Menu

Newborn Screening

printer-friendly version

Search

Enter KIDSNET/RICAIR ID: LookUp

Patient Information -05/12/2023

First Name: [redacted] Middle: Last: [redacted] RICAIR Id: [redacted]
Date Of Birth: [redacted] Age: [redacted] Gender: MALE
RICAIR Status: ACTIVE PCP: [redacted]

Critical Congenital Heart Disease

Date Tested: Results # Failure Attributed To

Results available for infants born on or after 7/1/2015

Newborn Screening

Guthrie #: [redacted] Blood Drawn Date: 10/20/2004
Results: ALL CONDITIONS NORMAL
Specimen Received Date: 10/21/2004

Conditions Tested For:

ADRENOLEUKODYSTROPHY ****
AMINO ACID DISORDERS:
(PKU, MSUD, HCY, CIT*, ASA*, TYR1*)
BIOTINIDASE DEFICIENCY
CYSTIC FIBROSIS*
ENDOCRINE DISORDERS:
(CAH, CH)
FATTY ACID OXIDATION DISORDERS:
(MCAD**, VLCAD*, LCHAD*, TFP*, CUD*)
GALACTOSEMIA
HEMOGLOBIN DISORDERS:
(SS, S/TH, S/C)
MUCOPOLYSACCHARIDOSIS ****
ORGANIC ACID DISORDERS:
(IVA*, GA1*, HMG*, MCD*, MUT*, CBLA/B*, 3MCC*, PROP*, BKT*)
POMPE DISEASE ****
SEVERE COMBINED IMMUNODEFICIENCY (SCID) ***
SPINAL MUSCULAR ATROPHY (SMA) *****

Other conditions may be identified by screening for the targeted list of conditions noted above.
All tests may not be performed on repeat specimens.
All tests may not be valid if age >30 days on blood drawn date.

* For specimens received at the screening laboratory on or after 7/1/2006
** For specimens received at the screening laboratory on or after 7/1/2002
*** For specimens received at the screening laboratory on or after 8/1/2014
**** For specimens received at the screening laboratory on or after 10/1/2018
***** For specimens received at the screening laboratory on or after 7/1/2020

For more information or to provide feedback eMail KIDSNET

RI.gov HEALTH
Rhode Island Department of Health

STATE OF TENNESSEE • DEPARTMENT OF HEALTH • [redacted] DIR. LABORATORY SERVICES • 630 HART LANE • NASHVILLE, TN 37247-0801 • [redacted]

Newborn Screening Report
First Specimen

Date: [redacted]

Infant:
Birth Date:

Collect Date:
Sex:
Feeding:

[redacted]

Mother:
Address:

Phone:
Race:
SCN:

[redacted]

TDH Lab Number: [redacted]

Medical Record:

*Transfused:
Date Transf.:
County:
Weight:
Hospital:
Provider:

[redacted]

Newborn Screening Results

270606

Analyte/Metabolite	Test	Normal Values	Result
Thyroid Stimulating Hormone	FIA	<33uU/ml <8 days of age <13uU/ml >7 days of age	Within Normal Limits
++Galactose	FIA	<15mg/dl >=2.3U/g Hb Enzyme	Within Normal Limits
Hemoglobin	HPLC	FA, AF for an older baby	FA No Hemoglobinopathies Observed
Biotinidase	CIA	>= 11 ERU	Within Normal Limits
17-OHP	FIA	<1250 gm wt<135 ng/ml >1251 <1750 gm wt <90ng/ml >1751 <2249 gm wt <65ng/ml >=2250 gm wt <50 ng/ml	Within Normal Limits
*Amino Acid Disorders	AA MS/MS	Profile	Within Normal Limits
**Fatty Acid Disorders	AC MS/MS	Profile	Within Normal Limits
***Organic Acid Disorders	AC MS/MS	Profile	Within Normal Limits

PCP CHANGED
423-439-7343

+Unless transfusion is marked, the assumption is that the infant has not been transfused.
++Galactose results are based upon the assumption that the infant has had lactose feeding.
*Amino Acid Profile: Citrulline, Leucine, Methionine, Phenylalanine, Tyrosine and Valine.
**Fatty Acid Profile: C2, C4, C5, C5:1, C5-DC, C5-OH, C6, C8, C10, C10:1, C10:2, C14, C14:1, C14:OH, C16, C16:1, C16-OH, C18, C18:1, C18:2, C18:1-OH
***Organic Acid Profile: C3, C3-DC,C4, C4-DC, C5, C5:1, C5-DC, C5-OH, C6-DC.

The purpose of the Tennessee Department of Health Newborn Screening program is to identify infants at increased risk for a variety of disorders. This is a screening test and the results can be affected by different factors. The possibility of a false negative or a false positive result must always be considered when screening newborns for metabolic disorders. Therefore, newborn screening tests results are insufficient on which to base diagnosis or treatment. The test may need to be repeated and the diagnosis confirmed or ruled out by additional specialized studies.

****

Hearing Screen Method Used: ABR METHOD Result: Left ear: Pass, Right ear: Pass

The Hearing Screen information was submitted on the Newborn Screening form by SYCAMORE SHOALS HOSPITAL. The Tennessee State Department of Health, Laboratory Services did not conduct the Hearing Screening. Questions on Hearing Screening results should be referred to the Newborn Screening Program (615) 262-6160 or the hospital performing the test.

TEXAS Department of State Health Services

Texas Department of State Health Services

1100 WEST 49TH STREET
AUSTIN, TEXAS 78756-3194
(512) 458-7318

LABORATORY SERVICES SECTION
CLIA #45D0660644

CONFIDENTIAL LABORATORY REPORT

WOMAN'S HOSPITAL OF TEXAS - 10100282

7600 FANNIN
HOUSTON, TX 77054

NEWBORN SCREENING REPORT - 1554

[redacted]

[redacted]

Date Received : 08/23/2005
Date Reported : 08/31/2005

[redacted]

[redacted]

Condition	Abnormal	Result
Hypothyroidism		Normal T4
Phenylketonuria		Normal Phenylalanine
Hemoglobinopathy		Normal (Hb F and Hb A Present)
CAH		Normal 17-OHP for birth weight greater than or equal to 2500 grams
Galactosemia (GALT)		Normal GAL-1-P Uridyl Transferase

** ABNORMAL RESULT - DOES NOT COMPARE WITH EXPECTED RESULT
* ANY UNSATISFACTORY TEST RESULT INDICATES A NEED FOR REPEAT TESTING
TRANSFUSION MAY ALTER ALL NBS RESULTS

NOTICE: Newborn Screening specimen cards received after the form expiration date or without the date of specimen collection will be rejected.

Vermont Department of Health
Division of Health Improvement
Children with Special Health Care Needs
Vermont Newborn Screening Program

Agency of Human Services

Print Date: 4/27/2005

Baby's Name : [redacted]
Mother's Name :

[redacted]

Physician's Name : [redacted]
Baby's Sex :
Birth Date :
Specimen Date :
Hospital :
Lab No :
Medical Rec. No :
Birth Weight :
Current Weight :
Filter Paper No :

NEWBORN SCREENING TEST REPORT (Initial Blood Filter Paper Specimen)

Targeted Congenital Disorders / Analyte Tested	Results Within Range	Results Out of Range	Reference Range (for newborns)
Adrenal Hyperplasia(CAH) / 17-OH-Progesterone	15.5 ng/mL		<50 ng/mL(weight dependent)
*Biotinidase Deficiency / Biotinidase	>=30%		>=30%
Galactosemia / Galactose,Total	<=2 mg/dL		<14 mg/dL
Hemoglobinopathies / Hemoglobin Isoelectric Focusing	FA		FA, AF, or A
Homocystinuria / Methionine	<1.5 mg/dL		< 1.5 mg/dL
Hypothyroidism (CH) / Thyroxine	15.6 ug/dL		>5.0 ug/dL
Maple Syrup Urine Disease (MSUD) / Leucine	<= 4.5 mg/dL		<= 4.5 mg/dL
MCAD / Octanoylcarnitine	<0.80 uM		<0.80 uM
Phenylketonuria (PKU) / Phenylalanine	<=2.3 mg/dL		<= 2.3 mg/dL
^Metabolic / VT Additional Metabolic Panel	All in Range		All in Range

^VT Additional Metabolic Panel
Amino Acid- Tyrosinemia Type I
Urea Cycle- Argininosuccinic Aciduria, Citrullinemia,
FAOD- LCHAD, VLCAD
Organic Acid- B-KT, GA-I, HMG, IVA, MCC, MMA, Propionic Acidemia

* This test has not been cleared or approved by the FDA. However, the test was developed and its performance characteristics determined by the New England Newborn Screening Program, and the FDA has determined that its clearance and approval are not required.

Attention Health Care Provider: Newborn screening tests are intended to provide an early opportunity to detect disorders before symptoms appear. These tests are not diagnostic. Regardless of screening test results, a physician should immediately evaluate any infant who exhibits findings consistent with the targeted disorders noted above.

Tests Performed by New England Newborn Screening Program, 305 South Street, Jamaica Plain, MA 02130 Roger Eaton, Ph.D., Director

[redacted]

108 Cherry Street • PO Box 70 • Burlington, VT 05402 TEL 802-951-5180 FAX 802-651-1634 TTY 802-865-1325

NEWBORN SCREENING PROGRAM
VIRGINIA DEPARTMENT OF GENERAL SERVICES
DIVISION OF CONSOLIDATED LABORATORY SERVICES
600 North 5th Street, Richmond, VA 23219
(804) 648-4480
Toll Free 1-866-378-7730

I called mom, and advised her of results. (KC)

Report Date :

Report Time: 2:52 pm

Baby's Name :

DOB :
TOB :
Receive Date:
First Lab # :
Physician :
Hosp. of Birth:
Mother's address :

DOC :
TOC :

Sample # :

Device ID

SEND TO :

TESTS PERFORMED :	NORMAL RESULTS :
AMINO ACID PROFILE	Within normal limits
Biotinidase Screen	Within Normal Limits
CAH	Within Normal Limits
FATTY ACID OXIDATION PROFILE	Within normal limits
Galactose Screen - Beutler Screen	Within Normal Limits
Hemoglobinopathy Screen	Normal Newborn Hemoglobin
IRT- Cystic Fibrosis	Within Normal Limits
ORGANIC ACIDEMIA PROFILE	Within normal limits
T4 PROFILE	Within normal limits

* See reverse side for all tests performed