



ALABAMA DEPARTMENT OF PUBLIC HEALTH **39242**  
 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]  
 Birth Date : [REDACTED]  
 Collect Date : [REDACTED]  
 Received Date : [REDACTED]  
 Mother : [REDACTED]  
 Address : [REDACTED]  
 City/St/Zip : [REDACTED]  
 Phone : [REDACTED]  
 County : [REDACTED]  
 Physician : [REDACTED]  
 Submitter : [REDACTED]

Lab : [REDACTED]  
 Patient Number : [REDACTED]  
 Gestational Age : [REDACTED]  
 Sex : [REDACTED]  
 Race : [REDACTED]  
 Weight : [REDACTED]  
 Trans/Date : [REDACTED]  
 Medical Rec # : [REDACTED]  
 Form Number : [REDACTED]

\*NP = Not Provided

(Duplicate)

**SCREENING RESULTS**

1

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 Phenylalanine 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] Patient Number: [REDACTED]  
Sex: [REDACTED] Birth Weight: [REDACTED]  
Mothers Name: [REDACTED] Mothers SS#: [REDACTED]  
Date of Birth: [REDACTED] Hospital MR#: [REDACTED]

Specimen Information

Collected: [REDACTED] Received: 08/23/2004 Reported: 09/01/2004  
Lab Number: [REDACTED] Physician: [REDACTED]  
Kit Number: [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]	
BIRTH/COLLECTION INFORMATION	
Date	Time
[REDACTED]	

SPECIMEN COLLECTION SITE
[REDACTED]
NEWBORN'S PHYSICIAN
[REDACTED]

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

TEST	CUTOFF	RESULT	INTERPRETATION
<b>Phenylketonuria</b> <ul style="list-style-type: none"> <li>Phenylalanine</li> <li>Tyrosine</li> <li>Phenylalanine/Tyrosine Ratio</li> </ul>	≥ 1.50	81 µmol/L 117 µmol/L .70	negative
<b>Galactosemia</b> <ul style="list-style-type: none"> <li>Galactose-1-uridyl transferase</li> </ul>	≤ 50	262 enzyme units	negative
<b>Primary Congenital Hypothyroidism</b> <ul style="list-style-type: none"> <li>TSH</li> </ul>	≥ 25.00	4.27 mIU/L	negative
<b>Hemoglobinopathies</b> <ul style="list-style-type: none"> <li>Hb Pattern</li> </ul>		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.*

*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*



# Letter Details



Colorado Department of Public Health and Environment  
 Laboratory and Radiation Services  
 8100 Leavitt Blvd  
 Denver, CO 80230  
 (303) 692-3670

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

Patient: **Newborn Screening**      Submitting Agency: [Redacted]

Name: [Redacted]  
 Date of Birth: [Redacted]      **Childrens Medical Center**  
 Mother: [Redacted]      **1625 Marion St.**  
 Patient ID: [Redacted]      **Denver, CO 80218-**  
 Physician: [Redacted]

Screening Type: **Repeat Test**      Weight in gram: **3459**      *12/1/04/mc*  
 Collection Date: **11/22/04**      Birth Order: **N/A**      Agency ID: **8,020**

### - Test Results -

<b>Proteinase Deficiency</b>	Result: >30% enzyme activity	Normal Range: > 30% enzyme activity
-Normal-		
<b>Congenital Adrenal Hyperplasia</b>	Result: 6	Normal Range: <1299 grams - <135 ng/ml 1300-1698 gm - <115 ng/ml 1700-2198 gm - <65 ng/ml >=2200 grams - <65 ng/ml
-Normal-		
<b>Cystic Fibrosis</b>	Result: 84	Normal Range: < 105 ng/ml, trypsinogen
-Normal-		
<b>Galactosemia</b>	Result: Presence of enzyme activity	Normal Range: presence of enzyme activity
-Normal-		
<b>Hemoglobinopathy</b>	Result: <b>F + A</b>	Normal Range: <b>F + A</b>
-Normal-		
<b>Phenylketonuria</b>	Result: 0.7	Normal Range: <2.1 mg/dl, phenylalanine
-Normal-		
<b>Hypothyroidism (T4)</b>	Result: 16.6	Normal Range: >= 6 ug/dl, thyroxine
-Normal-		
<b>Hypothyroidism (TSH)</b>	Result: No Test	Normal Range: <20 mIU/L TSH
-Normal-		

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

*By 11/26/04*

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

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

I.D.	ACCESSION NO.	ACCOUNT NO.	AGE	S	PAGE
					1
INFORMATION					
[REDACTED]					
	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)	
<p><b>Initial Screening</b></p> <p>Screening Panel</p>	<p>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:</p> <p><b>NEGATIVE,</b> no evidence of these disorders</p> <p>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</p>	
*** 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

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

I.D.	ACCESSION NO.	ACCOUNT NO.	AGE	S	PAGE
					2
INFORMATION					
[REDACTED]					
		<b>COLLECTED</b>	<b>RECEIVED</b>	<b>REPORTED</b>	
		11/10/05 08:20	11/14/05 12:12	11/29/05 15:39	

REPORT	FINAL REPORT	COMMENT
TEST(S)	RESULT(S)	
Disclaimer	<p>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.</p> <hr/> <p>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.</p> <div style="text-align: center; margin-top: 20px;">  </div>	
----- ** 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



MOTHER

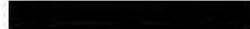
NAME:  
ADDRESS:



SUBMITTED BY:



PHONE:



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.: [REDACTED]  
 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
<b>Amino Acid Profile:</b>				
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 08 2005  
 OK  
 M





**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.

If you are not the intended recipient of this correspondence, please notify the sender, immediately return the correspondence and destroy any remaining copies. The intended recipient of this correspondence may use or disclose the information contained herein only for legitimate purpose otherwise consistent with law. Any other use or disclosure of this information is strictly prohibited, and is punishable under federal and/or state law.

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.

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

Reported: [Redacted]  
 Printed: [Redacted]

EW SPARROW HOSPITAL  
 LABORATORY SUPERVISOR  
 1216 E. MICHIGAN AVE.  
 LANSING, MI 48909

**NEWBORN SCREENING  
 LABORATORY RESULTS**

Kit Number: [Redacted]  
 Accession Number: [Redacted]

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

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

None

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.

The information contained in this FAX/print-out from the Michigan Department of Community Health, Bureau of Laboratories is confidential in nature. It is for the sole use of the submitting agency named on the report(s). If you are not the intended recipient, you are hereby notified that any disclosure, distribution, copying, or the taking of any action in regard to the contents of the information is strictly prohibited. If you have received this report(s) in error, please telephone us immediately at (517) 335-9205 so that corrective action and destruction or return of the document(s) can be arranged.

**Physician Forward Copy**

**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

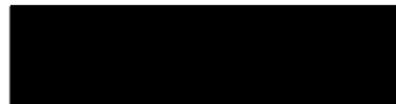
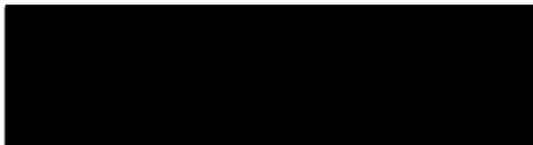
Infant: [REDACTED]  
Birth Date: [REDACTED]  
Multiple Birth: [REDACTED]  
Med Rec #: [REDACTED]  
Specimen Date: 11/13/2005  
Date Received: 11/17/2005  
Initial Date Reported:  
Current Date Reported: 03/01/2023

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

Submitter: [REDACTED]  
Hospital: [REDACTED]

**ALL TESTS SCREEN-NEGATIVE**  
**NO FOLLOW-UP ACTION REQUESTED**

SEE REVERSE SIDE FOR SCREENED DISORDERS AND REFERENCE RANGES





<u>DISORDER</u>	<u>ANALYTE / PRIMARY MARKER</u>	<u>REFERENCE RANGE</u>
<b>Amino Acid Disorders</b>		
HCY • HMet	Methionine	< 15 mg <sup>2</sup> %
MSUD	Leucine	< 4 mg <sup>2</sup> %
PKU • HyperPhe	Phenylalanine	< 3 mg <sup>2</sup> %
<b>Endocrine Disorders</b>		
CH	Thyroxine	> 6 ug/dL
<b>Hemoglobin Disorders</b>		
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
<b>Infectious Diseases</b>		
HIV-1	HIV-1 Antibodies	non-reactive
<b>Other Genetic Conditions</b>		
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: [REDACTED]  
MOTHER'S NAME: [REDACTED]  
ADDRESS 1: [REDACTED]  
CITY/STATE: [REDACTED]

5667

MULTIPLE BIRTH: [REDACTED]  
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]  
[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]



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

NBS Lab#: [REDACTED]

(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
<b>Hemoglobin Detected</b>	<b>FA</b>	<b>FA</b>	<b>NORMAL</b>
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 uU/mL	LOW
Valine (MSUD)	111.64	< 340 umol/L	LOW

**DISORDERS SCREENED**

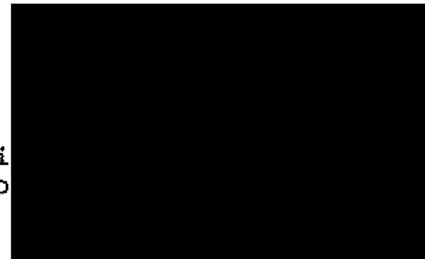
The list of the disorders screened in Ohio can be obtained from the ODH web site given below or by calling the ODH laboratory at 1-888-ODH-LABS.  
<http://www.odh.ohio.gov/odhprograms/phl/newborn/NBSDisordersList.aspx>

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/final/f3701-55.aspx>



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



This  
 Prior

Patient Information

Name: [Redacted]  
 Birth Date: [Redacted] Birth Order: [Redacted] Birth Weight: 3260  
 Sex: [Redacted] Age: 21 H  
 ID Chart#: [Redacted] Current Wt: 3175  
 Feeding: [Redacted]  
 Collected: 12/11/2004 1430 Race: WHITE NON-HISPANIC  
 Received: 12/14/2004 1446 Other Factors: [Redacted]  
 Mother: [Redacted] Mother DOB: [Redacted]  
 Doctor: [Redacted] 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	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



## Newborn Screening

[printer-friendly version](#)

[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](#)

[Logout](#)

[SSV Practice Menu](#)

<b>Search</b>	
Enter KIDSNET/RICAIR ID:	<a href="#">LookUp</a>

Patient Information -05/12/2023			
First Name: [REDACTED]	Middle: [REDACTED]	Last: [REDACTED]	RICAIR Id: [REDACTED]
Date Of Birth: [REDACTED]	Age: [REDACTED]	Gender: <b>MALE</b>	
RICAIR Status: <b>ACTIVE</b>	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](mailto:KIDSNET)



HEALTH  
Rhode Island Department of Health

Copyright © 2003-2023 Rhode Island Department of Health  
[disclaimer](#) --- rel. 2.2.219-20230423 (default)



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]

TDH Lab Number: [REDACTED]

Infant: [REDACTED]  
 Birth Date: [REDACTED]  
 Collect Date: [REDACTED]  
 Sex: [REDACTED]  
 Feeding: [REDACTED]

Mother: [REDACTED]  
 Address: [REDACTED]  
 Phone: [REDACTED]  
 Race: [REDACTED]  
 SCN: [REDACTED]

Medical Record: [REDACTED]  
 \*Transfused: [REDACTED]  
 Date Transf.: [REDACTED]  
 County: [REDACTED]  
 Weight: [REDACTED]  
 Hoepital: [REDACTED]  
 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 <80ng/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.





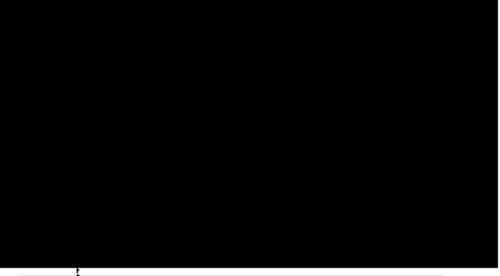
Texas Department of State Health Services

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

LABORATORY SERVICES SECTION
CLIA #45D0660644
CONFIDENTIAL LABORATORY REPORT

WOMAN'S HOSPITAL OF TEXAS - 10100292
7600 FANNIN
HOUSTON, TX 77054

NEWBORN SCREENING REPORT - 1564



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

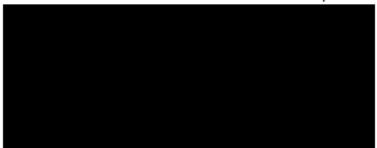


Table with 3 columns: Condition, Abnormal, Result. Rows include Hypothyroidism (Normal T4), Phenylketonuria (Normal Phenylalanine), Hemoglobinopathy (Normal (Hb F and Hb A Present)), CAH (Normal 17-OHP for birth weight greater than or equal to 2500 grams), and Galactosemia (GALT) (Normal GAL-1-P Uridyl 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.

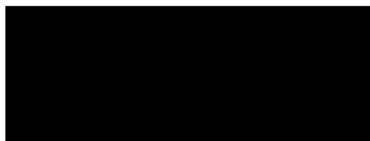
Handwritten initials 'DP' in a circle



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: [Redacted]  
 Birth Date: [Redacted]  
 Specimen Date: [Redacted]  
 Hospital: [Redacted]  
 Lab No: [Redacted]  
 Medical Rec. No: [Redacted]  
 Birth Weight: [Redacted]  
 Current Weight: [Redacted]  
 Filter Paper No: [Redacted]

**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

*gds*

*[Signature]*

^VT Additional Metabolic Panel  
 Amino Acid- Tyrosinemia Type I  
 Urea Cycle- Argininosuccinic Aciduria, Citrullinemia,  
 FAOD- LCHAD, VLCAD  
 Organic Acid- B-KT, GA-I, HMO, 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

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 :

DOC :

Sample # :

Device ID

TOB :

TOC :

Receive Date:

First Lab # :

Physician :

Hosp. of Birth:

Mother's address :

SEND TO:

*(Signature)*

TESTS PERFORMED :

AMINO ACID PROFILE  
Biotinidase Screen  
CAH  
FATTY ACID OXIDATION PROFILE  
Galactose Screen - Beutler Screen  
Hemoglobinopathy Screen  
IRT- Cystic Fibrosis  
ORGANIC ACIDEMIA PROFILE  
T4 PROFILE

NORMAL RESULTS :

Within normal limits  
Within Normal Limits  
Within Normal Limits  
Within normal limits  
Within Normal Limits  
Normal Newborn Hemoglobin  
Within Normal Limits  
Within normal limits  
Within normal limits