



## **Final Newborn Screening Report**

### LABORATORY REPORT Submitter:

Address:

Patient Information: Infant Name: Date of Birth: MRN: Mother's Name: Card Barcode: Physician/Clinic:

Specimen Information: Date Collected: Date Received: Date Reported: Copy Printed:

Disorder/Profile	Value	Result	Expected Range
Biotinidase Deficiency		Within Normal Limits	> 55 U/dL
Congenital Adrenal Hyperplasia		Within Normal Limits	Weight Dependent
Congenital Hypothyroidism		Within Normal Limits	Age Dependent
Cystic Fibrosis		Within Normal Limits	< 96 <sup>th</sup> Percentile
Galactosemia		Within Normal Limits	GALT > 3.2 U/dL, TGAL < 12 mg/dL
Hemoglobinopathies		Within Normal Limits	Within Normal Limits =FA
Severe Combined Immunodeficiency*		Within Normal Limits	TREC Present
X-linked Adrenoleukodystrophy**		Within Normal Limits	< 0.16 µmol/L C26:0-LPC
Lysosomal Disease Profile**		Within Normal Limits	Enzyme Activity Present
Spinal Muscular Atrophy*		Within Normal Limits	SMN1 Present
Amino Acid Profile		Within Normal Limits	Within Normal Limits
Acylcarnitine Profile		Within Normal Limits	Within Normal Limits

Comments

# Resources: An MDH genetic counselor is available for consultation regarding screening results at 651-201-3548. Disorder fact sheets and specialist contact list can be found here:

## https://www.health.state.mn.us/people/newbornscreening/materials/factsheets/bloodspotdisorders.html

The purpose of newborn screening is to identify at risk infants in need of diagnostic testing. As with any screening test, false positive or false negative results are possible. Newborn screening is insufficient information on which to base, or rule out, diagnosis or treatment.CF variant analysis is completed using the Luminex® xTAG® Cystic Fibrosis (CFTR) 39 Kit.

\*This real-time PCR assay was developed and its performance characteristics were determined by the MDH Public Health Laboratory. It has not been cleared or approved by the U.S. Food and Drug Administration: 21 CFR 809.30(e).

\*\*The performance characteristics of these tests were determined by the MDH Public Health Laboratory. It has not been cleared or approved by the U.S. Food and Drug Administration.

\*\*\* Testing is performed by Mayo Clinic Laboratories-Rochester Main Campus; 200 First Street SW, Rochester, MN 55905

#### DEPARTMENT OF HEALTH Minnesota Newborn Screening 601 Robert Street North, St. Paul, MN 55155-2531 Phone: 1-800-664-7772 or 651-201-5466 Fax: 651-215-6285 Email: <u>newbornscreening@health.state.mn.us</u>



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## Cytomegalovirus (CMV) Screening Results

Result	Expected Result	
CMV Not Detected *	CMV Not Detected	

There is decreased sensitivity in screening for CMV in dried blood spots, so not all infants with congenital CMV will be identified. Of those who are identified by newborn screening, up to 80% will be unaffected.

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