

EXAMPLE REPORT INDICATING ABNORMAL SCREENING



Texas Department of State Health Services

LABORATORY SERVICES SECTION
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CONFIDENTIAL LABORATORY REPORT

SUBMITTER NAME – SUBMITTER ID #
STREET ADDRESS
CITY, ST ZIP CODE

NEWBORN SCREENING REPORT -

Patient's Name: SMITH TEXAN
Mother's Name:
Date Of Birth: 09/01/2012
Medical Record:
Birth Weight: 2800 grams
Race/Ethnicity:
Sex:
Feed: BOTTLE
Status: NORMAL

Birth Order:

Laboratory Number: 2012 251 4011
Form Serial No: 11-0407753
Date Collected: 09/06/2012
Date Received: 09/07/2012
Date Reported:

Test:

The Screening Result column indicates if the disorder category tested is Normal, Abnormal, non-specific, Possible TPN, Indeterminate, Inconclusive, or Unsatisfactory.

Mother's Address:

The Analyte column lists which analyte's results were used to determine that a screening result was not normal

Mother's Telephone:

Physician's Name:

Physician's Telephone:

The Result Table includes an "Analyte" and "Analyte Result" column for Abnormal Screens.

Overall Specimen Result

ABNORMAL SCREEN

Disorder *	Screening Result	Analyte	Analyte Result
Amino Acid Disorders	Normal		
Fatty Acid Disorders	Normal		
Organic Acid Disorders	Normal		
Galactosemia	Normal		
Biotinidase Deficiency	Normal		
Hypothyroidism	Normal		
CAH	Normal		
Hemoglobinopathies	Abnormal: See Note 1	Hemoglobin	A,F,Other
Cystic Fibrosis	Normal		
SCID	Abnormal: See Note 2	TREC	Very Low TREC

Screening Result Notes:

1. Probable Unidentified Hb Variant Trait. Notify family of test results. Recommend consultation with pediatric hematologist.
2. Very low number of T-cell receptor excision circles (TREC). Please follow recommendations received from the DSHS newborn screening clinical care coordination team.

-- The newborn screen identifies newborns at increased risk for specified disorders. The reference value for all screened disorders is 'Normal'. Analyte results are only listed for abnormal disorder screening results. The recommended collection time period and the testing methodologies have been designed to minimize the number of false negative and false positive results in newborns and young infants. When the newborn screen specimen is collected before 24 hours of age or on older children, the test may not identify some of these conditions. If there is a clinical concern, diagnostic testing should be initiated. Specimens that are unacceptable are reported as Unsatisfactory.

--The SCID / TREC (T-cell receptor excision circles) test was performed by quantitative real-time polymerase chain reaction analysis to detect the number of TRECs. It was developed and its performance characteristics determined by DSHS. The test has not been approved by the US Food and Drug Administration (FDA). The FDA has determined that such approval is not necessary if performance characteristics are verified at the testing laboratory.

* Disorders Screened: AMINO ACID DISORDERS: ARG, ASA, CIT, CIT II, BIOPT(BS), BIOPT(REG), HCY, H-PHE, MET, MSUD, PKU, TYRI, TYRII, and TYRIII. FATTY ACID DISORDERS: CACT, CPT IA, CPT II, CUD, DE RED, GA2, LCHAD, MCAD, MCAT, M/SCHAD, SCAD, TFP, VLCAD. ORGANIC ACID DISORDERS: 2M3HBA, 2MBG, 3MCC, 3MGA, BKT, GA1, HMG, IGB, IVA, MAL, MMA (MUT, Cbl A, B, C, D), MCD, PROP. GALACTOSEMIA. BIOTINIDASE DEFICIENCY. HYPOTHYROIDISM. CAH. HEMOGLOBINOPATHIES: Hb S/S, Hb S/C, Hb S-Beta Th, Var Hb. CYSTIC FIBROSIS. SCID and T-Cell related Lymphopenias. List of disorders screened available at www.dshs.state.tx.us/lab/NBSdisorderList.pdf

For more information, please refer to <http://www.dshs.state.tx.us/lab/newbornscreening.shtm>

The Screening Result Notes provide additional information on possible disorders, recommendations for follow-up testing and reasons for unsatisfactory specimens. Notes may continue on Page 2.

Scope of NBS Testing, SCID testing explanation, and List of Disorders