EXAMPLE REPORT INDICATING NORMAL SCREENING



Texas Department of State Health Services

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CONFIDENTIAL LABORATORY REPORT

SUBMITTER NAME - 00000004 123 MEDICAL STREET AUSTIN, TX 78758

Patient's Name: Mother's Name: Date Of Birth: Medical Record: Birth Weight:	er's Name:MOTHER TEXANOf Birth:05/30/2021cal Record:334455B		NEWBORN S Laboratory Number: Form Serial No: Date Collected: Date Received: Date Reported:		SCREENING REPORT - 2021 152 3001 20-0123455 05/31/2021 06/01/2021 06/03/2021	
Race/Ethnicity: Sex:	Birth Order:		Test:			
Feed: Status:	Overall Specimen Result		Mother's Address:			
NORMAL SCREEN			Mother's Telephone Physician's Name: Physician's Telepho			
Disorder *	Scre	ening Result		Г		
Amino Acid Disorders   Normal		Normal		$ \rightarrow $	<u>Result Table</u> : Results in the table are listed	
Fatty Acid Disorders   Normal				by category of the disorder		
Organic Acid Disorders   Normal		Normal				
Galactosemia   Normal		Normal				
Biotinidase Deficiency   Normal		Normal				
Hypothyroidism   Normal						
CAH   Normal						
Hemoglobinopathies   Normal						
Cystic Fibrosis   Normal						
SCID   Normal						
X-ALD   Normal						
SMA   Normal						

	Note clarifying the scope of Newborn Screening		arifying lab ped testing	disorders scre	disorders screened in each category appearing in the result table			
					-			
- 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 lake 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 tracceptable are reported as Unsatisfactory. - The SCID / SMA test is performed by multiplex quantitative real-time PCR to detect the presence of T-cell receptor excision circles (TRECs) and SMN1 gene homozygous exon 7 deletion. The detection rate is estimated to be 95% of SMA cases. SCID, SMA, Biotinidase deficiency, and Hemoglobinopathy screening tests and CAH and X-ALD reflex panels were developed / modified and performance characteristics determined by DSHS. These tests have not been cleared or approved by the US Food and Drug Administration (FDA).								
CPT IA, CPT II, CUD, DE MMA (MUT, Cbi A, B, C,	MINO ACID DISORDERS: ARG, ASA, CIT, CIT II, BIOPT(BS E RED, GA2, LCHAD, MCAD, MCAT, M/SCHAD, SCAD, TF D), MCD, PROP. GALACTOSEMIA. BIOTINIDASE DEFICIE D and T-Cell related Lymphopenias. X-ALD. SMA. List of dis	P, VLCAD. ORGANIC AC	ID DISORDERS: 2M3HBA, 2MBG, M. CAH. HEMOGLOBINOPATHIES:	, 3MCC, 3MGA, BKT, GA1, HMG, IBG, Hb S/S, Hb S/C, Hb S-Beta Th, Var Hb	IVA, MAL,			
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Disorders Screened: Complete listing of