CODIGO : 172215

NOMBRE PACIENTE : IAN MATIAS NEITA RODRIGUEZ **SEXO :** MASCULINO

FECHA DE NACIMIENTO : 15/12/2025 **REGISTRO CIVIL :** 1,074,538,199

NOMBRE RESPONSABLE : LAURA ALEJANDRA RODRIGUEZ FLOREZ

DOC.IDENTIDAD DE LA MADRE : 1,023,368,025

FECHA TOMA DE MUESTRA : 05/02/2026 **TIPO DE MUESTRA :** TALÓN

FECHA DE IMPRESIÓN : 27/02/2026 **PESO :** 3275

TAMIZAJE NEONATAL

ANÁLISIS MUESTRA DE SANGRE

	RESULTADO	VALORES DE REFERENCIA	INTERPRETACIÓN
T.S.H Neonatal	2.06	>= 6 µl/mL talón en prematuros >= 10 µl/mL talón >= 15 µl/mL cordón	Normal
Deficiencia de G6PDH	6.50	> 2.6 U/gHb	Normal

TÉCNICA: Fluoroinmunoensayo (Delfia). *Procesado en Colombia por PREGEN.*

Hemoglobinopatías	AF	Ausencia de hemoglobinas anormales	Normal

TÉCNICA: Cromatografía Liquida de Alto Rendimiento (HPLC). *Procesado en Colombia por PREGEN.*

TAMIZAJE AMPLIADO

ESPECTROMETRIA DE MASAS EN TANDEM

Procesado en Archimedlife international medical laboratory. 1110 Vienna.

DESORDENES DE AMINOÁCIDOS

Citrulina, Metionina, Leucina, Isoleucina, Valina, Fenilalanina, Tirosina.

Ausencia de metabolitos anormales — Normal

PERFIL DE ACILCARNITINAS

C16,C18,C18:1,C16OH,C18:1OH,C8,C10:1,C5,C5DC,C4,C14,C14:1,C50H,C3,C5:1

Ausencia de metabolitos anormales — Normal

RESULTADOS NORMALES

Recuerde que estas son pruebas de tamizaje que solo indican la probabilidad de que el recién nacido tenga una de las enfermedades estudiadas por el programa y pueden requerir pruebas adicionales para la confirmación de algún diagnóstico. La sensibilidad de estas pruebas se reduce a medida que aumenta la edad del paciente, por esto es conveniente realizarlas dentro del primer mes de nacido.

REVISADO : EDUVILIA JOHANA GOMEZ
Bacterióloga
Reg. 40.936.003

PROCESADO : MARIA JOSE PINZON GARCIA
Bacterióloga
Reg. 1.015.469.392

FECHA : 27/02/2026

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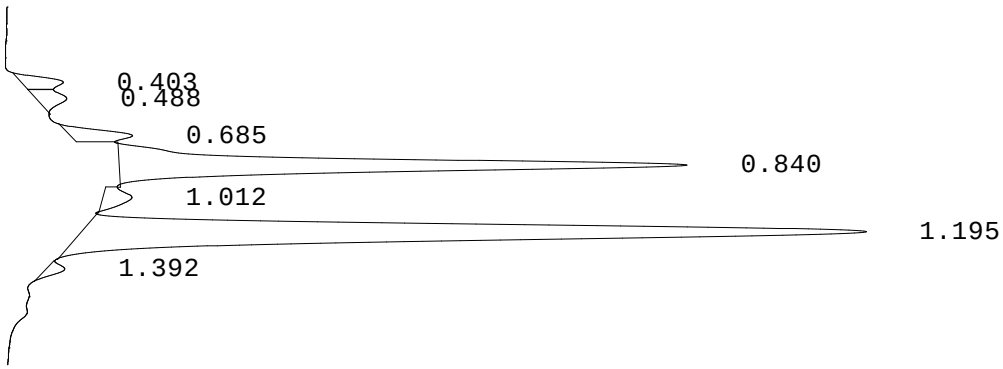
`LABORATORIO PREGEN
Carrera 15a No 106-42
BOGOTA

Batch 2068, Rack A, Plate 1, Well E05, 172215 AF
[D972217B33268C68] Feb 10, 2026 12:10:45 Pressure = 95 bar (95 to 98)



PEAK	RT	REL RT	% CONC	AREA	COMMENT
1	0.403	F 0.48	2.0%	13458	
2	0.488	F 0.58	2.1%	13743	
3	0.685	F 0.81	3.0%	19841	
4	0.840	F 1.00	32.9%	219617	Consistent with F
5	1.012	A 0.86	2.2%	14860	
6	1.195	A 1.01	56.9%	379508	A peak - REVIEW
7	1.392	S 0.89	0.9%	6277	
			Total Area:	667304	

Codes: 1) Wide A peak
2) Area of A peak < 80%
3) Peak area greater than expected
4) Peak after A2
5) A1c > 10%
6) HbF or variant present
7) Total sample area too small/big
8) A2 is not within normal range

baby health check©

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Dr. MARIA JOSE PINZON GARCIA
RED COLOMBIANA DE MEDICINA GENETICA SAS - PREGEN
BOGOTA
CARRERA 15 A # 106 - 42
11001 BOGOTA
Colombia

Date of Report	27.02.2026
Sample Received	19.02.2026
Date of Sampling	05.02.2026
LAB-ID	262006447

Medical Report

Patient name	**NEITA RODRIGUEZ IAN MATIAS**
Date of Birth	**15.12.2025**

Sample-ID	A0361359
Gender	M

Indication: Newborn Screening

Method(s): Immunoassay, Tandem mass spectrometry from Dried Blood Spot

Results:

Parameter	Value	Unit	Reference
Birth weight (g)	3275	g	-
17-hydroxyprogesterone (17OHP)	7.1	nmol/L	< 90.0
Thyroid-stimulating hormone (TSH)	1.5	µU/mL	< 15.0
Biotinidase	390.6	U	> 51.0
Galactose-1-P-uridyltransferase (GALT)	6.2	U/g Hb	> 2.5
Immunoreactive trypsinogen (IRT)	<15	ng/mL	< 65.0
Phenylalanine	19.6	µmol/L	< 150.0
Amino acid profile	negative		-
Acylcarnitine profile	negative		-

Interpretation: NEGATIVE RESULT

Contact Details
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ARCHIMEDlife®
International Medical Laboratory+
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Patient name	**NEITA RODRIGUEZ IAN MATIAS**
Date of Birth	**15.12.2025**

Sample-ID	A0361359
Gender	M

Results:

Amino Acids

Parameter	Value	Unit	Reference
Phenylalanine (Phe)	19.6	µmol/L	< 150.0
Phenylalanine / Tyrosine ratio (Phe/Tyr)	0.53	µmol/L	< 2.20
Tyrosine (Tyr)	37.1	µmol/L	< 200.0
Leucine (Leu)	95.8	µmol/L	< 270.0
Valine (Val)	39.3	µmol/L	< 200.0
Methionine (MET)	23.8	µmol/L	< 78.0
Methionine / Phenylalanine (Met/Phe)	1.21	µmol/L	< 1.60
Citrulline (Cit)	12.3	µmol/L	< 50.0
Ornithine (Orn)	118.4	µmol/L	< 250.0
Ornithine / Citrulline ratio (Orn/Cit)	9.63	µmol/L	1.50 - 20.00
Proline (Pro)	108.1	µmol/L	< 350.0
Alanine (Ala)	169.9	µmol/L	< 750.0
Arginine (Arg)	34.5	µmol/L	< 100.0
Aspartic acid (Asp)	71.3	µmol/L	< 100.0
Glutamic acid (Glu)	236.1	µmol/L	< 600.0
Glycamine (Gly)	127.4	µmol/L	< 700.0

Acylcarnitines

Free carnitine (C0)	13.50	µmol/L	6.00 - 100.00
acetylcarnitine (C2)	11.01	µmol/L	1.34 - 48.81
propionylcarnitine (C3)	1.03	µmol/L	0.13 - 6.60
butyryl-/isobutyrylcarnitine (C4)	0.12	µmol/L	0.03 - 0.90
isovaleryl-/2-methylbutyrylcarnitine(C5)	0.07	µmol/L	0.02 - 2.00
tiglylcarnitine (C5:1)	0.01	µmol/L	< 0.20
hydroxyvalerylcarnitine (C5OH)	0.11	µmol/L	0.02 - 0.57
glutarylcarnitine (C5DC)	0.03	µmol/L	< 0.30
hexanoylcarnitine (C6)	0.06	µmol/L	0.01 - 0.13
octanoylcarnitine (C8)	0.02	µmol/L	0.01 - 0.30
decanoylcarnitine (C10)	0.03	µmol/L	0.01 - 0.36
decenoylcarnitine (C10:1)	0.09	µmol/L	< 0.30
decadienoylcarnitine (C10:2)	0.03	µmol/L	< 0.10
dodecanoylcarnitine (C12)	0.04	µmol/L	0.10 - 0.60
myristoylcarnitine (C14)	0.07	µmol/L	0.01 - 0.57
tetradecenoylcarnitine (C14:1)	0.07	µmol/L	0.10 - 0.38
palmitoylcarnitine (C16)	0.69	µmol/L	0.62 - 7.81
3-hydroxypalmitoylcarnitine (C16OH)	0.02	µmol/L	< 0.10
stearoylcarnitine (C18)	0.37	µmol/L	0.30 - 2.40
oleylcarnitine (C18:1)	2.88	µmol/L	0.06 - 3.86
3-hydroxystearoylcarnitine (C18OH)	0.01	µmol/L	< 0.09
malonylcarnitine (C3DC)	0.03	µmol/L	< 0.50

Amino acid levels are indicators of phenylketonuria, tyrosinemia, MSUD, hydroxyprolinuria, hypermethioninemia (homocystinuria), citrullinemia, argininosuccinate aziduria, hyperargininemia, and hyperprolinemia. Acylcarnitine levels are indicators of carnitine uptake disorders, CPT-I deficiency, CPT-II deficiency, CAT deficiency, propionaciduria, methylmalonic aciduria, malonic aciduria, SCAD deficiency/ethylmalonic aciduria, isovaleric aciduria, HMG-CoA lyase deficiency, 3-methylcrotonyl-CoA carboxylase deficiency, methylglutaconiciduria, MCAD deficiency, VLCAD deficiency, LCHAD deficiency, glutaraziduria I, multiple acyl-CoA dehydrogenase deficiency (MAD deficiency/glutaraziduria II), and Beta-ketothiolase deficiency.

Please note: Inconspicuous negative biochemical results cannot exclude any inborn error of metabolism or endocrine disorder with certainty in newborns. We recommend any follow-up or genetic testing if any clinical symptoms are present.

Authorized By: Assoc.-Prof. Dr. Andrea-Romana KASPER, MD, PhD
[Specialist for Pediatrics, Neonatology and Nutrition]

Report was electronically signed and approved.

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