CODIGO : **167932**

NOMBRE PACIENTE : IAN FERNANDO CARDENAS RODRIGUEZ **SEXO :** MASCULINO

FECHA DE NACIMIENTO : 06/03/2025 **REGISTRO CIVIL :** 1,049,666,203

NOMBRE RESPONSABLE : LEIDY VIVIANA CARDENAS RODRIGUEZ

DOC.IDENTIDAD DE LA MADRE : 33,369,848

FECHA TOMA DE MUESTRA : 22/04/2025

FECHA DE IMPRESION : 02/05/2025

TAMIZAJE NEONATAL

ANALISIS MUESTRA DE SANGRE

	RESULTADO	VALORES DE REFERENCIA	INTERPRETACION
Hipotiroidismo congénito	1.57	VN: < 10 uUl/ml	Normal
Deficiencia de G6PDH	4.60	VN : > 2.6 U/gHb	Normal
Fenilcetonuria (PKU)	0.80	VN : < 2.1 mg/dL	Normal

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

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

TAMIZAJE AMPLIADO

ESPECTROMETRIA DE MASAS EN TANDEM

Procesado en Tennessee Department of Healt.

DESORDENES DE AMINOÁCIDOS
Citrulina, Metionina, Leucina, Isoleucina, Valina, Fenilalanina, Tirosina.

Ausencia de metabolitos anormales — Normal

DESORDENES DE LA OXIDACIÓN DE ÁCIDOS GRASOS
C16,C18,C18:1,C16OH,C18:1OH,C8,C10:1,C5,C5DC,C4,C14,C14:1

Ausencia de metabolitos anormales — Normal

ACIDEMIAS ORGÁNICAS
C5OH, C5DC, C5, 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 **FECHA :** 02/05/2025
Bacteriologa
Reg. 40.936.003

TENNESSEE DEPARTMENT of HEALTH
LABORATORY SERVICES
Kara Levinson, PhD, MPH, D(ABMM), Director
630 Hart Lane Nashville, TN 37243-0801
615-262-6300

NEWBORN SCREENING REPORT
FIRST SPECIMEN

Date: 4/30/2025 **TDH Lab Number: 20251182362**

Infant:	**CARDENAS RODRIGUEZ, IAN FERNANDO**	Mother:	CARDENAS, LEIDY VIVIANA	Medical Record:	
Birth Date:	3/6/2025 @ 12:01	Address:	NO INFO GIVEN	*Transfused:	No
Collect Date:	4/22/2025 @ 10:20		NO INFO GIVEN , SA NP	Date Transf.:	
Date Recvd:	4/28/2025 @ 0700	Phone:	(320) 250-4757	County:	SOUTH AMERICA
Sex:	Male	Race:	White	Birth Weight:	3140
*Feeding:		SCN:	TN0000136084	Hospital:	PREGEN
Multiple Birth:	Single	Gestage:	39.0	Provider:	PREGEN

NEWBORN SCREENING RESULTS

*Disorder/Profile	Result	Remarks	Normal Values
Galactosemia (GAL)	Within Normal Limits	Normal	GAL< 13 mg/dL GALT >=3.48 U/dL
Hemoglobinopathies (HGB)	FA	No Hemoglobinopathies Observed	FA, AF for Older Infants
Biotinidase Deficiency (BIO)	Within Normal Limits	Normal	>= 44.64 U/dL
Congenital Adrenal Hyperplasia (CAH)	Within Normal Limits	Normal	< 37 ng/mL
Amino Acid Profile (AA)	Within Normal Limits	Normal	Within Normal Limits
Organic Acid Profile (OA)	Within Normal Limits	Normal	Within Normal Limits
Fatty Acid Profile (FA)	Within Normal Limits	Normal	Within Normal Limits
Cystic Fibrosis (CF)	Within Normal Limits	Normal	< 54 ng/mL
X-linked Adrenoleukodystrophy (XALD)	Within Normal Limits	Normal	Within Normal Limits

*See website for additional information. https://www.tn.gov/content/dam/tn/health/program-areas/lab/nbs/NBS_Disorder_List_and_Mailer_Comments.pdf

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 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.

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CCHD Screen on NP @ NP **CCHD Result:** NP **Referred to Cardiology:** NP **Reason if not done:** NP NP = Not Provided
HEARING SCREENING: Method used - Not Performed. **Left Ear.** Not Performed. **Right Ear.** Not Performed. **Risk Factor.** None. **Performed:** .

The Hearing and Critical Congenital Heart Disease (CCHD) Screening was submitted on the Newborn Screening form by a medical provider. The Tennessee State Department of Health Laboratory Services did not conduct the screens. Questions should be referred to the Newborn Screening Program P(615)532-8462 / F(615)532-8555 or the hospital performing the test.