

**CODIGO :** 167204  
**NOMBRE PACIENTE :** EIMY ANTONELLA MUÑOZ BENITEZ **SEXO :** FEMENINO  
**FECHA DE NACIMIENTO :** 03/01/2025 **REGISTRO CIVIL :** 1,074,835,063  
**NOMBRE RESPONSABLE :** KAREN ANDREA BENITEZ BUITRAGO  
**DOC.IDENTIDAD DE LA MADRE :** 1,006,165,377  
**FECHA TOMA DE MUESTRA :** 21/02/2025  
**FECHA DE IMPRESION :** 04/03/2025



## TAMIZAJE NEONATAL

### ANALISIS MUESTRA DE SANGRE

	RESULTADO	VALORES DE REFERENCIA	INTERPRETACION
Hipotiroidismo congénito	1.75	VN: < 10 uU/ml	Normal
Deficiencia de G6PDH	5.80	VN : > 2.6 U/gHb	Normal
Fenilcetonuria (PKU)	0.70	VN : < 2.1 mg/dL	Normal
<i>TÉCNICA: Fluoroimmunoensayo (Delfia).</i>			<i>Procesado en Colombia por PREGEN.</i>
<i>TÉCNICA: Cromatografía Líquida de Alto Rendimiento (HPLC).</i>			<i>Procesado en Colombia por PREGEN.</i>

## TAMIZAJE AMPLIADO

### ESPECTROMETRIA DE MASAS EN TANDEM

*Procesado en Tennessee Department of Health.*

#### 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  
 Bacteriologa  
 Reg. 40.936.003

FECHA : 04/03/2025



**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: 2/28/2025**

**TDH Lab Number: 20250582289**

Infant: **MUÑOZ BENITEZ, EIMY ANTONELLA**  
 Birth Date: 1/3/2025 @ 06:16  
 Collect Date: 2/21/2025 @ 09:15  
 Date Recvd: 2/27/2025 @ 0700  
 Sex: Female  
 \*Feeding:  
 Multiple Birth: Single

Mother: BENITEZ, KAREN ANDREA  
 Address: CRA 73 #37 H-45  
 Phone: (313) 403-2073  
 Race: White  
 SCN: TN0000111177  
 Gestage: 37.0

Medical Record:  
 \*Transfused: No  
 Date Transf.:  
 County: SOUTH AMERICA  
 Birth Weight: 2665  
 Hospital: PREGEN  
 Provider: PREGEN

**NEWBORN SCREENING RESULTS**

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

\*\*\*\*\*

CCHD Screen on NP @ NP CCHD Result: NP Referred to Cardiology: NP Reason if not done: NP NP = Not Provided