TENNESSEE DEPARTMENT of HEALTH
LABORATORY SERVICES
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NEWBORN SCREENING REPORT
FIRST SPECIMEN

Date: 10/21/2025 **TDH Lab Number: 20252932271**

Infant:	**CASTRO DIAZ, GUADALUPE**	Mother:	DIAZ, ANA MARIA	Medical Record:	
Birth Date:	10/2/2025 @ 09:23	Address:	NO INFO GIVEN	*Transfused:	No
Collect Date:	10/15/2025@ 10:16		BOGOTA , SA NP	Date Transf.:	
Date Recvd:	10/20/2025@ 0700	Phone:	NP	County:	SOUTH AMERICA
Sex:	Female	Race:	White	Birth Weight:	2380
*Feeding:		SCN:	TN0000177779	Hospital:	PREGEN
Multiple Birth:	Single	Gestage:	37.0	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**	**Within Normal Limits**
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.