

CODIGO :
NOMBRE PACIENTE :
FECHA DE NACIMIENTO :
NOMBRE RESPONSABLE :
DOC.IDENTIDAD DE LA MADRE :
FECHA TOMA DE MUESTRA :
FECHA DE IMPRESION :

169901
LIAM DANIEL RODRIGUEZ ANGULO
08/06/2025
NIKOL BRIYITH RODRIGUEZ ANGULO
1,087,799,771
22/08/2025
19/09/2025

SEXO : MASCULINO
REGISTRO CIVIL : 1,144,006,019



TAMIZAJE NEONATAL

ANALISIS MUESTRA DE SANGRE

	RESULTADO	VALORES DE REFERENCIA	INTERPRETACION
Hipotiroidismo congénito	1.74	VN: < 10 uUI/ml	Normal
Deficiencia de G6PDH	4.60	VN : > 2.6 U/gHb	Normal
Fenilcetonuria (PKU)	1.00	VN : < 2.1 mg/dL	Normal
TÉCNICA: Fluoroinmunoensayo (Delfia).			Procesado en Colombia por PREGEN.
Hemoglobinopatías	FAS	Cromatograma compatible con posible rasgo	Anormal *
TÉCNICA: Cromatografía Líquida 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

* DETECCION DE POSIBLE VARIANTE HEMOGLOBINA S

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 :

Reg.

EDUVILIA JOHANA GOMEZ
Bacteriologa
40.936.003

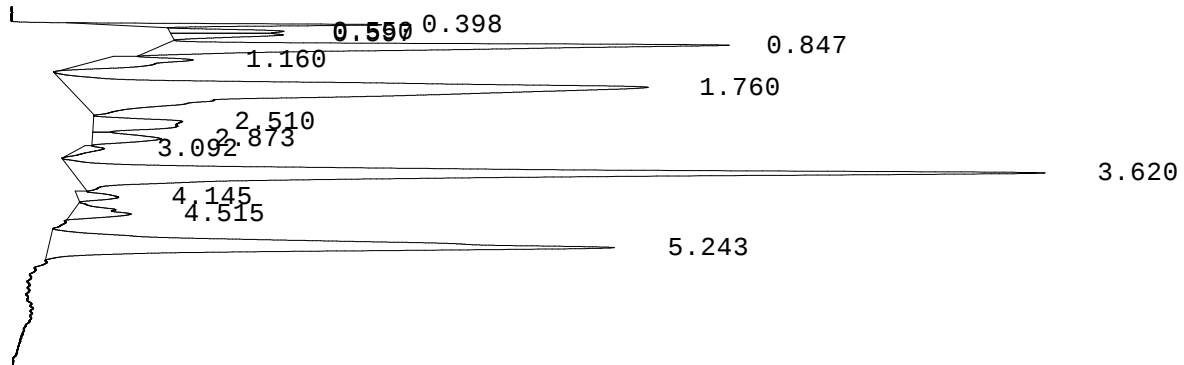
FECHA :

19/09/2025

LABORATORIO PREGEN
Carrera 15a No 106-42
BOGOTA

Batch 1917, Rack A, Plate 1, Well A02, 169901
[8C61051001298CE2] Sep 18, 2025 11:38:54 Pressure = 64 bar (61 to 64)

FAS



PEAK	RT	REL RT	% CONC	AREA	COMMENT
1	0.398	F 0.22	2.2%	49903	
2	0.550	F 0.30	1.4%	30667	
3	0.597	F 0.33	1.5%	33712	
4	0.847	F 0.47	11.6%	261957	
5	1.160	F 0.64	2.7%	60484	
6	1.760	F 0.97	27.0%	607800	Consistent with F
7	2.510	F 1.39	3.1%	69928	
8	2.873	A 0.79	1.7%	38904	
9	3.092	A 0.85	0.5%	11807	
10	3.620	A 1.00	26.7%	600787	A peak - REVIEW
11	4.145	A 1.14	0.9%	19546	
12	4.515	S 0.88	1.7%	38519	3
13	5.243	S 1.02	19.0%	426720	Consistent with S
Total Area: 2250734					A/V=1.41

- 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



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: 9/17/2025
Infant: RODRIGUEZ, LIAM DANIEL
Birth Date: 6/8/2025 @ 11:00
Collect Date: 8/29/2025 @ 11:40
Date Recvd: 9/15/2025 @ 0700
Sex: Male
*Feeding:
Multiple Birth: Single

Mother: RODRIGUEZ, NIKOL BRIYITH
Address: NO INFO GIVEN
CALI , SA NP
Phone: (323) 645-3847
Race: White
SCN: TN0000153057
Gestage: 39.0

TDH Lab Number: 20252582286
Medical Record:
*Transfused: No
Date Transf.:
County: SOUTH AMERICA
Birth Weight: 3453
Hospital: PREGEN
Provider: PREGEN

NEWBORN SCREENING RESULTS

Repeats completed in another state may not include all tests that are screened for in Tennessee.

*Disorder/Profile	Result	Remarks	Normal Values
Galactosemia (GAL)	Within Normal Limits	Normal	GAL < 13 mg/dL GALT >=3.48 U/dL
Hemoglobinopathies (HGB)	FAS/FSA	See Comments	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

If the infant is <37 weeks gestation or <2000 grams birthweight, please wait until the infant is 6-8 weeks of age to send.
Comments

(HGB) - Possible Hemoglobin S Trait - Send a Microvette Tube to Meharry Sickel Cell Center for Hemoglobin Confirmation.

*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.

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.