

CODIGO : 170230
NOMBRE PACIENTE : JUAN PABLO GARZON DURAN **SEXO :** MASCULINO
FECHA DE NACIMIENTO : 25/07/2025 **REGISTRO CIVIL :** 1,051,186,225
NOMBRE RESPONSABLE : ANYURY YICELA DURAN ALARCON
DOC.IDENTIDAD DE LA MADRE : 1,051,185,479
FECHA TOMA DE MUESTRA : 15/09/2025
FECHA DE IMPRESION : 07/10/2025



TAMIZAJE NEONATAL

ANALISIS MUESTRA DE SANGRE

| | RESULTADO | VALORES DE REFERENCIA | INTERPRETACION |
|--------------------------|-----------|-----------------------|----------------|
| Hipotiroidismo congénito | 1.44 | VN: < 10 uU/ml | Normal |
| Deficiencia de G6PDH | 7.80 | VN : > 2.6 U/gHb | Normal |
| Fenilcetonuria (PKU) | 0.70 | VN : < 2.1 mg/dL | Normal |

TÉCNICA: Fluoroimmunoensayo (Delfia).

Procesado en Colombia por PREGEN.

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 : 07/10/2025



Department of
Health

**TENNESSEE DEPARTMENT of HEALTH
LABORATORY SERVICES**

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**NEWBORN SCREENING REPORT
FIRST SPECIMEN**

Date: 9/26/2025

TDH Lab Number: 20252682295

| | | |
|---|------------------------------|-----------------------|
| Infant: GARZON DURAN, JUAN PABLO | Mother: DURAN, ANYURY YICELA | Medical Record: |
| Birth Date: 7/25/2025 @ 10:07 | Address: NO INFO GIVEN | *Transfused: No |
| Collect Date: 9/15/2025 @ 12:35 | NO INFO GIVEN, SA NP | Date Transf.: |
| Date Recvd: 9/25/2025 @ 0700 | Phone: NP | County: SOUTH AMERICA |
| Sex: Male | Race: White | Birth Weight: 2990 |
| *Feeding: | SCN: TN0000177654 | Hospital: PREGEN |
| Multiple Birth: Single | Gestage: 0.0 | 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) | AF | Normal Pattern for Older Infant Not Transfused | 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.

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.