**CODIGO :** **169713**

**NOMBRE PACIENTE :** AINHOA VICTORIA RODRIGUEZ ESLAVA **SEXO :** FEMENINO

**FECHA DE NACIMIENTO :** 16/06/2025 **REGISTRO CIVIL :** 1,097,796,699

**NOMBRE RESPONSABLE :** CAMILA ALEJANDRA ESLAVA HERRERA

**DOC.IDENTIDAD DE LA MADRE :** 1,193,564,478

**FECHA TOMA DE MUESTRA :** 13/08/2025

**FECHA DE IMPRESION :** 29/08/2025

# TAMIZAJE NEONATAL

## ANALISIS MUESTRA DE SANGRE

| | RESULTADO | VALORES DE REFERENCIA | INTERPRETACION |
|---|---|---|---|
| Hipotiroidismo congénito | 3.60 | VN: < 10 uUl/ml | Normal |
| Deficiencia de G6PDH | 5.00 | VN : > 2.6 U/gHb | Normal |
| Fenilcetonuria (PKU) | 0.50 | 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 :** 29/08/2025
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: 8/23/2025** **TDH Lab Number: 20252342346**

| | | | | | |
|---|---|---|---|---|---|
| Infant: | **RODRIGUEZ, AINHOA VICTORIA** | Mother: | ESLAVA, CAMILA | Medical Record: | |
| Birth Date: | 6/16/2025 @ 09:24 | Address: | NO INFO GIVEN | *Transfused: | No |
| Collect Date: | 8/13/2025 @ 15:30 | | FLORIDA BLANCA , SA NP | Date Transf.: | |
| Date Recvd: | 8/22/2025 @ 0700 | Phone: | NP | County: | SOUTH AMERICA |
| Sex: | Female | Race: | | Birth Weight: | 3650 |
| *Feeding: | | SCN: | TN0000152879 | Hospital: | PREGEN |
| Multiple Birth: | Single | Gestage: | 39.6 | Provider: | PREGEN |

## NEWBORN SCREENING RESULTS

| *Disorder/Profile | Result | Remarks | Normal Values |
|---|---|---|---|
| **Galactosemia (GAL)** | Within Normal Limits | Normal | GAL< 13 mg/dL<br>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.