

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

173950
IAN MARTIN BAUTISTA ADEMAS
15/05/2026
LEIDY ALEXANDRA ADEMAS COPAJITA
1,073,161,794
07/07/2026
23/07/2026

SEXO : MASCULINO
REGISTRO CIVIL: 1,070,998,618
TIPO DE MUESTRA : TALÓN
PESO : 3170



TAMIZAJE NEONATAL

ANÁLISIS MUESTRA DE SANGRE

	RESULTADO	VALORES DE REFERENCIA	INTERPRETACIÓN
T.S.H Neonatal	1.56 µUL/mL	>= 6 µUL/mL talón en prematuros >= 10 µUL/mL talón >= 15 µUL/mL cordón	Normal
Deficiencia de G6PDH	6.00 U/gHb	< 2.6 U/gHb	Normal
TÉCNICA: Fluoroimmunoensayo (Delfia).		Procesado en Colombia por PREGEN.	
Hemoglobinopatías	FA	Ausencia de hemoglobinas anormales	Normal
TÉCNICA: Cromatografía Líquida de Alto Rendimiento (HPLC).		Procesado en Colombia por PREGEN.	

TAMIZAJE AMPLIADO

ESPECTROMETRIA DE MASAS EN TANDEM

Procesado en Archimedlife international medical laboratory. 1110 Vienna.

DESORDENES DE AMINOÁCIDOS	
Citrulina, Metionina, Leucina, Isoleucina, Valina, Fenilalanina, Tirosina.	
Ausencia de metabolitos anormales	Normal
PERFIL DE ACILCARNITINAS	
C16, C18, C18:1, C16OH, C18:1OH, C8, C10:1, C5, C5DC, C4, C14, C14:1, C5OH, 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
Bacterióloga
Reg. 40.936.003

PROCESADO :
MARIA JOSE PINZON GARCIA
Bacterióloga
Reg. 1.015.469.392

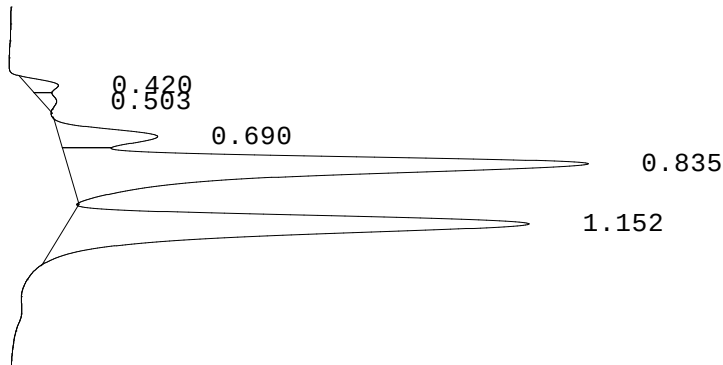
FECHA :
23/07/2026

- - - - -
`LABORATORIO PREGEN
Carrera 15a No 106-42
BOGOTA

Batch 2194, Rack A, Plate 1, Well H12, 173950
[9828810AE3826CEA] Jul 09, 2026 13:37:16

Pressure = 79 bar (79 to 82)

FA



PEAK	RT	REL	RT	% CONC	AREA	COMMENT
1	0.420	F	0.51	1.6%	10438	
2	0.503	F	0.61	1.0%	6788	
3	0.690	F	0.83	7.2%	46876	Acetylated F peak
4	0.835	F	1.01	47.7%	311403	Consistent with F
5	1.152	A	1.00	42.5%	277617	A peak - REVIEW
Total Area:					653122	

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

Dr. MARIA JOSE PINZON GARCIA
RED COLOMBIANA DE MEDICINA GENETICA SAS - PREGN
BOGOTA
CARRERA 15 A # 106 - 42
11001 BOGOTA
Colombia

Date of Report 21.07.2026
Sample Received 20.07.2026
Date of Sampling 07.07.2026
LAB-ID 262032381

Medical Report

Patient name	BAUTISTA ADAMES IAN MARTIN	Sample-ID	A0358569
Date of Birth	15.05.2026	Gender	M

Indication: Newborn Screening

Method(s): Immunoassay, Tandem mass spectrometry from Dried Blood Spot. qPCR from Dried Blood Spot.

Results:

Parameter	Value	Unit	Reference
Birth weight (g)	3170	g	-
17-hydroxyprogesterone (17OHP)	<5.0	nmol/L	< 90.0
Thyroid-stimulating hormone (TSH)	1.0	μU/mL	< 15.0
Biotinidase	171.4	U	> 51.0
Galactose-1-P-uridyltransferase (GALT)	5.5	U/g Hb	> 2.5
Immunoreactive trypsinogen (IRT)	<15	ng/mL	< 65.0
Phenylalanine	29.6	μmol/L	< 150.0
Amino acid profile	negative		-
Acylcarnitine profile	negative		-

Interpretation: NEGATIVE RESULT

Contact Details

Assoc.-Prof. Dr. Andrea-Romana KASPER, MD, PhD
E-Mail: info@archimedlife.com

Patient name	BAUTISTA ADAMES IAN MARTIN
Date of Birth	15.05.2026

Sample-ID	A0358569
Gender	M

Results:

Amino Acids

Parameter	Value	Unit	Reference
Phenylalanine (Phe)	29.6	µmol/L	< 150.0
Phenylalanine / Tyrosine ratio (Phe/Tyr)	0.67	µmol/L	< 2.20
Tyrosine (Tyr)	44.5	µmol/L	< 200.0
Leucine (Leu)	77.5	µmol/L	< 270.0
Valine (Val)	37.4	µmol/L	< 200.0
Methionine (MET)	14.9	µmol/L	< 78.0
Methionine / Phenylalanine (Met/Phe)	0.50	µmol/L	< 1.60
Citrulline (Cit)	11.2	µmol/L	< 50.0
Ornithine (Orn)	88.2	µmol/L	< 250.0
Ornithine / Citrulline ratio (Orn/Cit)	7.88	µmol/L	1.50 - 20.00
Proline (Pro)	52.7	µmol/L	< 350.0
Alanine (Ala)	100.1	µmol/L	< 750.0
Arginine (Arg)	18.2	µmol/L	< 100.0
Aspartic acid (Asp)	72.0	µmol/L	< 100.0
Glutamic acid (Glu)	179.1	µmol/L	< 600.0
Glycamine (Gly)	149.7	µmol/L	< 700.0

Acylcarnitines

Free carnitine (C0)	15.04	µmol/L	6.00 - 100.00
acetylcarnitine (C2)	5.84	µmol/L	1.34 - 48.81
propionylcarnitine (C3)	0.58	µmol/L	0.13 - 6.60
butyryl-/isobutyrylcarnitine (C4)	0.07	µmol/L	0.03 - 0.90
isovaleryl-/2-methylbutyrylcarnitine(C5)	0.06	µmol/L	0.02 - 2.00
tiglylcarnitine (C5:1)	0.01	µmol/L	< 0.20
hydroxyvalerylcarnitine (C5OH)	0.37	µmol/L	0.02 - 0.57
glutarylacarnitine (C5DC)	0.03	µmol/L	< 0.30
hexanoylcarnitine (C6)	0.03	µmol/L	0.01 - 0.13
octanoylcarnitine (C8)	0.03	µmol/L	0.01 - 0.30
decanoylcarnitine (C10)	0.02	µmol/L	0.01 - 0.36
decenoylcarnitine (C10:1)	0.07	µmol/L	< 0.30
dodecanoylcarnitine (C12)	0.04	µmol/L	0.10 - 0.60
myristoylcarnitine (C14)	0.05	µmol/L	0.01 - 0.57
tetradecenoylcarnitine (C14:1)	0.07	µmol/L	0.10 - 0.43
palmitoylcarnitine (C16)	0.62	µmol/L	0.62 - 7.81
3-hydroxypalmitoylcarnitine (C16OH)	0.01	µmol/L	< 0.10
stearoylcarnitine (C18)	0.28	µmol/L	0.30 - 2.40
oleylcarnitine (C18:1)	1.74	µmol/L	0.06 - 3.86
3-hydroxystearoylcarnitine (C18OH)	0.00	µmol/L	< 0.09
malonylcarnitine (C3DC)	0.03	µmol/L	< 0.50

Amino acid levels are indicators of phenylketonuria, tyrosinemia, MSUD, hydroxyprolinuria, hypermethioninemia (homocystinuria), citrullinemia, argininosuccinate aziduria, hyperargininemia, and hyperprolinemia. Acylcarnitine levels are indicators of carnitine uptake disorders, CPT-I deficiency, CPT-II deficiency, CAT deficiency, propionaciduria, methylmalonic aciduria, malonic aciduria, SCAD deficiency/ethylmalonic aciduria, isovaleric aciduria, HMG-CoA lyase deficiency, 3-methylcrotonyl-CoA carboxylase deficiency, methylglutaconiduria, MCAD deficiency, VLCAD deficiency, LCHAD deficiency, glutaraziduria I, multiple acyl-CoA dehydrogenase deficiency (MAD deficiency/glutaraziduria II), and Beta-ketothiolase deficiency.

Please note: Inconspicuous negative biochemical results cannot exclude any inborn error of metabolism or endocrine disorder with certainty in newborns. We recommend any follow-up or genetic testing if any clinical symptoms are present.

Authorized By: Assoc.-Prof. Dr. Andrea-Romana KASPER, MD, PhD
[Specialist for Pediatrics, Neonatology and Nutrition]

Report was electronically signed and approved.

Contact Details

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