



TENNESSEE DEPARTMENT of HEALTH
LABORATORY SERVICES
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NEWBORN SCREENING REPORT
FIRST SPECIMEN

Date: 6/28/2025

TDH Lab Number: 20251782303

Infant: **GEIB, LUCIA**
 Birth Date: 6/14/2025 @ 11:46
 Collect Date: 6/24/2025 @ 11:50
 Date Recvd: 6/27/2025 @ 0700
 Sex: Female
 *Feeding:
 Multiple Birth: Single

Mother: GEIB, JUSTIN MICHAEL
 Address: NO INFO GIVEN
 Phone: NP
 Race: White
 SCN: TN0000136121
 Gestage: 38.0

Medical Record:
 *Transfused:
 Date Transf.:
 County: SOUTH AMERICA
 Birth Weight: 3560
 Hospital: PREGEN
 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 | < 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.