

CODIGO : 168503
NOMBRE PACIENTE : EMMA LUCIANA IBARGUEN MURILLO **SEXO :** FEMENINO
FECHA DE NACIMIENTO : 13/04/2025 **REGISTRO CIVIL :** 1,114,561,182
NOMBRE RESPONSABLE : KATHERYN SOFIA IBARGUEN MURILLO
DOC.IDENTIDAD DE LA MADRE : 1,113,654,786
FECHA TOMA DE MUESTRA : 28/05/2025
FECHA DE IMPRESION : 12/06/2025



TAMIZAJE NEONATAL

ANALISIS MUESTRA DE SANGRE

	RESULTADO	VALORES DE REFERENCIA	INTERPRETACION
Hipotiroidismo congénito	0.86	VN: < 10 uU/ml	Normal
Deficiencia de G6PDH	6.90	VN : > 2.6 U/gHb	Normal
Fenilcetonuria (PKU)	0.70	VN : < 2.1 mg/dL	Normal
<i>TÉCNICA: Fluoroimmunoensayo (Delfia).</i>			<i>Procesado en Colombia por PREGEN.</i>
Hemoglobinopatías	FAS	Cromatograma compatible con posible rasgo	Anormal *
<i>TÉCNICA: Cromatografía Líquida de Alto Rendimiento (HPLC).</i>			<i>Procesado en Colombia por PREGEN.</i>

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 : 12/06/2025



TENNESSEE DEPARTMENT of HEALTH
LABORATORY SERVICES
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 615-262-6300



NEWBORN SCREENING REPORT
FIRST SPECIMEN

Date: 6/9/2025

TDH Lab Number: 20251572292

Infant: **IBARGUEN, EMMA LUCIANA**
 Birth Date: 4/13/2025 @ 05:20
 Collect Date: 5/28/2025 @ 10:11
 Date Recvd: 6/6/2025 @ 0700
 Sex: Male
 *Feeding:
 Multiple Birth: Single

Mother: IBARGUEN, KATHERYN SOFIA
 Address: NO INFO GIVEN
 NO INFO GIVEN , SA NP
 Phone: NP
 Race: White
 SCN: TN0000135847
 Gestage: 38.0

Medical Record:
 *Transfused: No
 Date Transf.:
 County: SOUTH AMERICA
 Birth Weight: 3000
 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 Sickle 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.