

**CODIGO :** 168596  
**NOMBRE PACIENTE :** EMMA VICTORIA SANCHEZ SOTO **SEXO :** FEMENINO  
**FECHA DE NACIMIENTO :** 17/05/2025 **REGISTRO CIVIL :** 1,246,848,738  
**NOMBRE RESPONSABLE :** STEFANY LORENA SOTO PARRA  
**DOC.IDENTIDAD DE LA MADRE :** 1,074,810,279  
**FECHA TOMA DE MUESTRA :** 06/06/2025  
**FECHA DE IMPRESION :** 18/06/2025



## TAMIZAJE NEONATAL

### ANALISIS MUESTRA DE SANGRE

	RESULTADO	VALORES DE REFERENCIA	INTERPRETACION
Hipotiroidismo congénito	0.93	VN: < 10 uU/ml	Normal
Deficiencia de G6PDH	6.40	VN : > 2.6 U/gHb	Normal
Fenilcetonuria (PKU)	1.50	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

\* DETECCIÓN DE POSIBLE VARIANTE DE HEMOGLOBINA S

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 :** 18/06/2025  
Bacteriologa  
Reg. 40.936.003



Department of  
**Health**

**TENNESSEE DEPARTMENT of HEALTH  
LABORATORY SERVICES**

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630 Hart Lane Nashville, TN 37243-0801  
615-262-6300



**NEWBORN SCREENING REPORT  
FIRST SPECIMEN**

**Date: 6/15/2025**

**TDH Lab Number: 20251632294**

Infant: **SANCHEZ SOTO, EMMA  
VICTORIA**  
Birth Date: 5/17/2025 @ 11:05  
Collect Date: 6/6/2025 @ 08:46  
Date Recvd: 6/12/2025 @ 0700  
Sex: Female  
\*Feeding:  
Multiple Birth: Single

Mother: SOTO, STEFANY LORENA  
Address: NO INFO GIVEN  
NO INFO GIVEN , SA NP  
Phone: NP  
Race: White  
SCN: TN0000135755  
Gestage: 37.0

Medical Record:  
\*Transfused: No  
Date Transf.:  
County: SOUTH AMERICA  
Birth Weight: 2405  
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
<b>Galactosemia (GAL)</b>	Within Normal Limits	Normal	GAL < 13 mg/dL GALT >= 3.48 U/dL
<b>Hemoglobinopathies (HGB)</b>	<b>FAS/FSA</b>	<b>See Comments</b>	<b>FA, AF for Older Infants</b>
<b>Biotinidase Deficiency (BIO)</b>	Within Normal Limits	Normal	>= 44.64 U/dL
<b>Congenital Adrenal Hyperplasia (CAH)</b>	Within Normal Limits	Normal	< 37 ng/mL
<b>Amino Acid Profile (AA)</b>	Within Normal Limits	Normal	Within Normal Limits
<b>Organic Acid Profile (OA)</b>	Within Normal Limits	Normal	Within Normal Limits
<b>Fatty Acid Profile (FA)</b>	Within Normal Limits	Normal	Within Normal Limits
<b>Cystic Fibrosis (CF)</b>	Within Normal Limits	Normal	< 54 ng/mL
<b>X-linked Adrenoleukodystrophy (XALD)</b>	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](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**

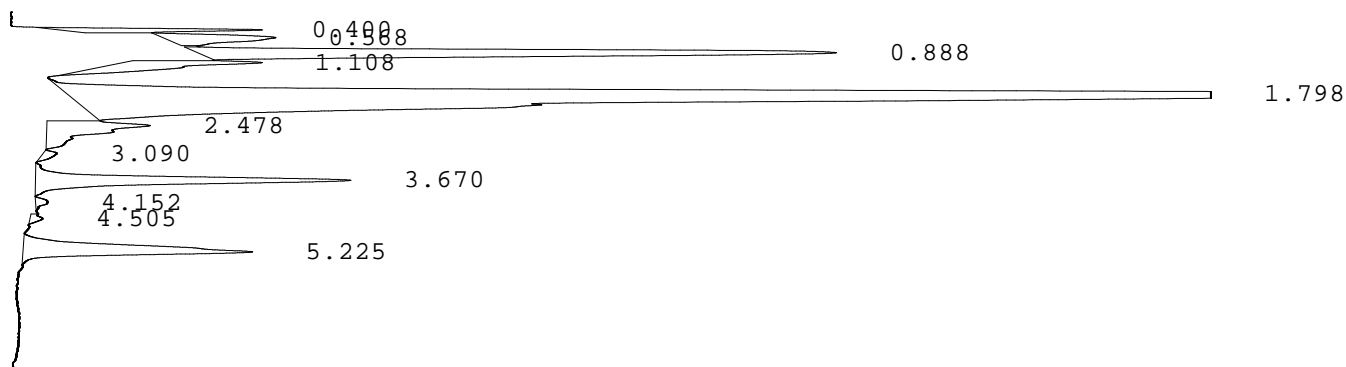
**HEARING SCREENING: Method used - Not Performed. Left Ear. Not Performed. Right Ear. Not Performed. Risk Factor. None. Performed: .**

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.

LABORATORIO PREGEN  
 Carrera 15a No 106-42  
 BOGOTA

Batch 1834, Rack A, Plate 1, Well C12, 168596  
 [9D71C3FA4FD52442] Jun 18, 2025 13:54:42 Pressure = 60 bar (58 to 61)

FAS



PEAK	RT	REL RT	% CONC	AREA	COMMENT
1	0.400	F 0.22	2.0%	48069	
2	0.568	F 0.31	2.6%	61498	
3	0.888	F 0.48	13.9%	332928	Acetylated F peak
4	1.108	F 0.60	3.4%	81309	
5	1.798	F 0.97	59.1%	1411815	Consistent with F
6	2.478	F 1.34	3.8%	91192	
7	3.090	A 0.83	0.3%	7488	
8	3.670	A 0.98	7.6%	182309	A peak
9	4.152	A 1.11	0.3%	6077	
10	4.505	S 0.86	0.2%	5659	
11	5.225	S 1.00	6.8%	162254	Consistent with S
Total Area:				2390598	<b>A/V=1.12</b>

- Codes:
- 1) Wide A peak
  - 2) Area of A peak < 80%
  - 3) Peak area greater than expected
  - 4) Peak after A2
  - 5) Alc > 10%
  - 6) HbF or variant present
  - 7) Total sample area too small/big
  - 8) A2 is not within normal range