



**CODIGO :** 172905  
**NOMBRE PACIENTE :** IAN ACERO PARADA **SEXO :** MASCULINO  
**FECHA DE NACIMIENTO :** 08/01/2026 **REGISTRO CIVIL :** 1,073,490,010  
**NOMBRE RESPONSABLE :** DIANA MILENA PARADA RIAÑO  
**DOC.IDENTIDAD DE LA MADRE :** 52,977,056  
**FECHA TOMA DE MUESTRA :** 30/03/2026 **TIPO DE MUESTRA :** TALÓN  
**FECHA DE IMPRESIÓN :** 17/04/2026 **PESO :** 2870

## TAMIZAJE NEONATAL

### ANÁLISIS MUESTRA DE SANGRE

	RESULTADO	VALORES DE REFERENCIA	INTERPRETACIÓN
T.S.H Neonatal	1.61	>= 6 µl/mL talón en prematuros >= 10 µl/mL talón >= 15 µl/mL cordón	Normal
Deficiencia de G6PDH	5.50	> 2.6 U/gHb	Normal
<i>TÉCNICA: Fluoroimmunoensayo (Delfia).</i>			<i>Procesado en Colombia por PREGEN.</i>
Hemoglobinopatías	AF	Ausencia de hemoglobinas anormales	Normal
<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 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,C50H,C3,C5:1

Ausencia de metabolitos anormales Normal

#### RESULTADOS NORMALES

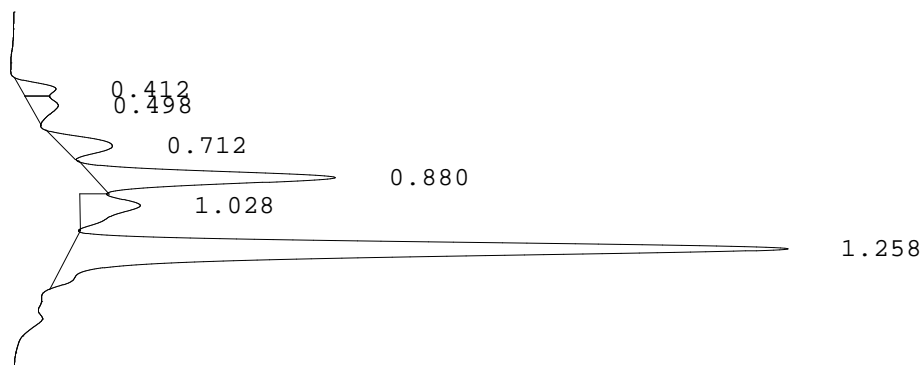
Recuerde que estas son pruebas de tamizaje que solo indican la probabilidad de que el recién nacido tenga una de las enfermedades estudiadas por el programa y pueden requerir pruebas adicionales para la confirmación de algún diagnóstico. La sensibilidad de estas pruebas se reduce a medida que aumenta la edad del paciente, por esto es conveniente realizarlas dentro del primer mes de nacido.

**REVISADO :** EDUVILIA JOHANA GOMEZ **PROCESADO :** MARIA JOSE PINZON GARCIA **FECHA :**  
Bacterióloga Bacterióloga  
Reg. 40.936.003 Reg. 1.015.469.392 17/04/2026

LABORATORIO PREGEN  
Carrera 15a No 106-42  
BOGOTA

Batch 2113, Rack A, Plate 1, Well D11, 172905  
[D92356C67F568CE8] Apr 07, 2026 12:45:01 Pressure = 59 bar (58 to 60)

AF



PEAK	RT	REL RT	% CONC	AREA	COMMENT
1	0.412	F 0.47	2.4%	12231	
2	0.498	F 0.57	2.9%	14765	
3	0.712	F 0.81	4.9%	24870	
4	0.880	F 1.00	18.4%	92956	Consistent with F
5	1.028	F 1.17	7.1%	36170	3
6	1.258	A 1.01	64.3%	325551	A peak - REVIEW
Total Area:				506543	

- 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

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

Date of Report 16.04.2026  
Sample Received 10.04.2026  
Date of Sampling 30.03.2026  
LAB-ID 262015416

## Medical Report

Patient name	ACERO PARADA IAN	Sample-ID	A0361523
Date of Birth	08.01.2026	Gender	M

**Indication:** Newborn Screening

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

**Results:**

Parameter	Value	Unit	Reference
Birth weight (g)	2870	g	-
17-hydroxyprogesterone (17OHP)	<5.0	nmol/L	< 90.0
Thyroid-stimulating hormone (TSH)	<0.7	µU/mL	< 15.0
Biotinidase	262.3	U	> 51.0
Galactose-1-P-uridyltransferase (GALT)	9.1	U/g Hb	> 2.5
Immunoreactive trypsinogen (IRT)	<15	ng/mL	< 65.0
Phenylalanine	25.2	µmol/L	< 150.0
Amino acid profile	negative		-
Acylcarnitine profile	negative		-

**Interpretation:** NEGATIVE RESULT

Patient name	<b>ACERO PARADA IAN</b>
Date of Birth	<b>08.01.2026</b>

Sample-ID	A0361523
Gender	M

## Results:

### Amino Acids

Parameter	Value	Unit	Reference
Phenylalanine (Phe)	25.2	µmol/L	< 150.0
Phenylalanine / Tyrosine ratio (Phe/Tyr)	0.42	µmol/L	< 2.20
Tyrosine (Tyr)	59.7	µmol/L	< 200.0
Leucine (Leu)	86.5	µmol/L	< 270.0
Valine (Val)	42.4	µmol/L	< 200.0
Methionine (MET)	18.2	µmol/L	< 78.0
Methionine / Phenylalanine (Met/Phe)	0.72	µmol/L	< 1.60
Citrulline (Cit)	11.7	µmol/L	< 50.0
Ornithine (Orn)	76.8	µmol/L	< 250.0
Ornithine / Citrulline ratio (Orn/Cit)	6.56	µmol/L	1.50 - 20.00
Proline (Pro)	74.8	µmol/L	< 350.0
Alanine (Ala)	131.5	µmol/L	< 750.0
Arginine (Arg)	23.4	µmol/L	< 100.0
Aspartic acid (Asp)	56.3	µmol/L	< 100.0
Glutamic acid (Glu)	133.6	µmol/L	< 600.0
Glycamine (Gly)	119.9	µmol/L	< 700.0

### Acylcarnitines

Free carnitine (C0)	27.72	µmol/L	6.00 - 100.00
acetylcarnitine (C2)	16.76	µmol/L	1.34 - 48.81
propionylcarnitine (C3)	1.55	µmol/L	0.13 - 6.60
butyryl-/isobutyrylcarnitine (C4)	0.09	µmol/L	0.03 - 0.90
isovaleryl-/2-methylbutyrylcarnitine(C5)	0.11	µmol/L	0.02 - 2.00
tiglylcarnitine (C5:1)	0.02	µmol/L	< 0.20
hydroxyvalerylcarnitine (C5OH)	0.52	µmol/L	0.02 - 0.57
glutarylacarnitine (C5DC)	0.02	µmol/L	< 0.30
hexanoylcarnitine (C6)	0.04	µmol/L	0.01 - 0.13
octanoylcarnitine (C8)	0.02	µmol/L	0.01 - 0.30
decanoylcarnitine (C10)	0.02	µmol/L	0.01 - 0.36
decenoylcarnitine (C10:1)	0.09	µmol/L	< 0.30
decadienoylcarnitine (C10:2)	0.03	µmol/L	< 0.10
dodecanoylcarnitine (C12)	0.04	µmol/L	0.10 - 0.60
myristoylcarnitine (C14)	0.09	µmol/L	0.01 - 0.57
tetradecenoylcarnitine (C14:1)	0.08	µmol/L	0.10 - 0.38
palmitoylcarnitine (C16)	0.85	µmol/L	0.62 - 7.81
3-hydroxypalmitoylcarnitine (C16OH)	0.02	µmol/L	< 0.10
stearoylcarnitine (C18)	0.37	µmol/L	0.30 - 2.40
oleylcarnitine (C18:1)	2.64	µmol/L	0.06 - 3.86
3-hydroxystearoylcarnitine (C18OH)	0.01	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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