



**CODIGO :** 173531  
**NOMBRE PACIENTE :** MONSERATH VELEZ TAPIAS **SEXO :** FEMENINO  
**FECHA DE NACIMIENTO :** 20/03/2026 **REGISTRO CIVIL:** 1,074,194,406  
**NOMBRE RESPONSABLE :** MAYERLIS PAOLA TAPIAS TARAZONA  
**DOC.IDENTIDAD DE LA MADRE :** 1,003,240,831  
**FECHA TOMA DE MUESTRA :** 25/05/2026 **TIPO DE MUESTRA :** TALÓN  
**FECHA DE IMPRESIÓN :** 18/06/2026 **PESO :** 3058

## TAMIZAJE NEONATAL

### ANÁLISIS MUESTRA DE SANGRE

	RESULTADO	VALORES DE REFERENCIA	INTERPRETACIÓN
Deficiencia de G6PDH	7.00 U/gHb	< 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

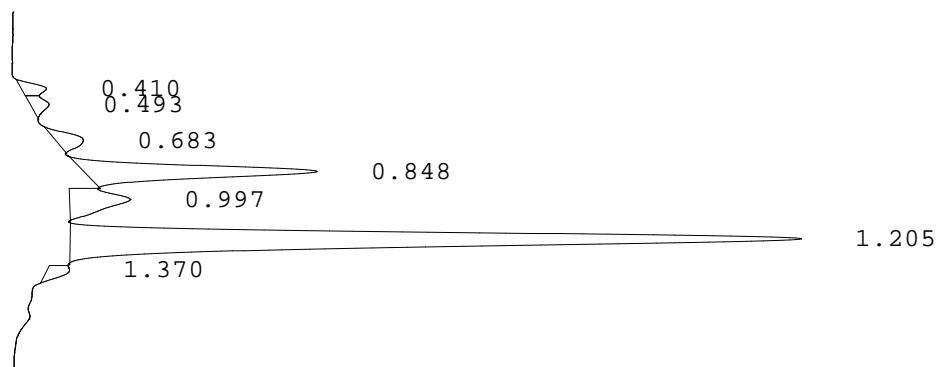
Recuerde que estas son pruebas de tamizaje que solo indican la probabilidad de que el recién nacido tenga una de las enfermedades estudiadas por el programa y pueden requerir pruebas adicionales para la confirmación de algún diagnóstico. La sensibilidad de estas pruebas se reduce a medida que aumenta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

<b>REVISADO :</b> EDUVILIA JOHANA GOMEZ Bacterióloga	<b>PROCESADO :</b> MARIA JOSE PINZON GARCIA Bacterióloga	<b>FECHA :</b>
Reg. 40.936.003	Reg. 1.015.469.392	18/06/2026

LABORATORIO PREGEN  
 Carrera 15a No 106-42  
 BOGOTA

Batch 2161, Rack A, Plate 1, Well A12, 173531  
 [883DB622D1F04CE2] May 29, 2026 11:30:22 Pressure = 62 bar (62 to 64)

AF



PEAK	RT	REL RT	% CONC	AREA	COMMENT
1	0.410	F 0.49	1.6%	7671	
2	0.493	F 0.58	1.7%	7939	
3	0.683	F 0.81	2.7%	12759	
4	0.848	F 1.00	18.6%	87391	Consistent with F
5	0.997	F 1.18	7.1%	33325	3
6	1.205	A 1.01	66.5%	313132	A peak - REVIEW
7	1.370	A 1.15	1.8%	8393	3
Total Area:				470610	

- 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 09.06.2026  
Sample Received 03.06.2026  
Date of Sampling 25.05.2026  
LAB-ID 262024993

## Medical Report

Patient name	<b>VELEZ TAPIAS MONSERATH</b>	Sample-ID	A0358620
Date of Birth	<b>20.03.2026</b>	Gender	F

**Indication:** Newborn Screening

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

**Results:**

Parameter	Value	Unit	Reference
Birth weight (g)	3058	g	-
17-hydroxyprogesterone (17OHP)	<5.0	nmol/L	< 90.0
Thyroid-stimulating hormone (TSH)	0.8	µU/mL	< 15.0
Biotinidase	364.5	U	> 51.0
Galactose-1-P-uridyltransferase (GALT)	5.7	U/g Hb	> 2.5
Immunoreactive trypsinogen (IRT)	<15	ng/mL	< 65.0
Phenylalanine	43.2	µmol/L	< 150.0
Amino acid profile	negative		-
Acylcarnitine profile	negative		-

**Interpretation:** NEGATIVE RESULT

Patient name	<b>VELEZ TAPIAS MONSERATH</b>
Date of Birth	<b>20.03.2026</b>

Sample-ID	A0358620
Gender	F

## Results:

### Amino Acids

Parameter	Value	Unit	Reference
Phenylalanine (Phe)	43.2	µmol/L	< 150.0
Phenylalanine / Tyrosine ratio (Phe/Tyr)	0.86	µmol/L	< 2.20
Tyrosine (Tyr)	50.0	µmol/L	< 200.0
Leucine (Leu)	148.3	µmol/L	< 270.0
Valine (Val)	59.3	µmol/L	< 200.0
Methionine (MET)	17.8	µmol/L	< 78.0
Methionine / Phenylalanine (Met/Phe)	0.41	µmol/L	< 1.60
Citrulline (Cit)	9.0	µmol/L	< 50.0
Ornithine (Orn)	144.6	µmol/L	< 250.0
Ornithine / Citrulline ratio (Orn/Cit)	16.07	µmol/L	1.50 - 20.00
Proline (Pro)	109.7	µmol/L	< 350.0
Alanine (Ala)	248.1	µmol/L	< 750.0
Arginine (Arg)	42.8	µmol/L	< 100.0
Aspartic acid (Asp)	98.5	µmol/L	< 100.0
Glutamic acid (Glu)	219.5	µmol/L	< 600.0
Glycamine (Gly)	257.7	µmol/L	< 700.0

### Acylcarnitines

Free carnitine (C0)	21.09	µmol/L	6.00 - 100.00
acetylcarnitine (C2)	16.62	µmol/L	1.34 - 48.81
propionylcarnitine (C3)	1.63	µmol/L	0.13 - 6.60
butyryl-/isobutyrylcarnitine (C4)	0.10	µmol/L	0.03 - 0.90
isovaleryl-/2-methylbutyrylcarnitine(C5)	0.28	µmol/L	0.02 - 2.00
tiglylcarnitine (C5:1)	0.02	µmol/L	< 0.20
hydroxyvalerylcarnitine (C5OH)	0.54	µmol/L	0.02 - 0.57
glutarylacarnitine (C5DC)	0.03	µmol/L	< 0.30
hexanoylcarnitine (C6)	0.05	µmol/L	0.01 - 0.13
octanoylcarnitine (C8)	0.07	µmol/L	0.01 - 0.30
decanoylcarnitine (C10)	0.02	µmol/L	0.01 - 0.36
decenoylcarnitine (C10:1)	0.13	µmol/L	< 0.30
dodecanoylcarnitine (C12)	0.05	µmol/L	0.10 - 0.60
myristoylcarnitine (C14)	0.09	µmol/L	0.01 - 0.57
tetradecenoylcarnitine (C14:1)	0.07	µmol/L	0.10 - 0.38
palmitoylcarnitine (C16)	0.95	µmol/L	0.62 - 7.81
3-hydroxypalmitoylcarnitine (C16OH)	0.02	µmol/L	< 0.10
stearoylcarnitine (C18)	0.50	µmol/L	0.30 - 2.40
oleylcarnitine (C18:1)	2.37	µmol/L	0.06 - 3.86
3-hydroxystearoylcarnitine (C18OH)	0.01	µmol/L	< 0.09
malonylcarnitine (C3DC)	0.07	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.

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