**CODIGO :** 172465

**NOMBRE PACIENTE :** IAN MALAVER AMORTEGUI **SEXO :** MASCULINO

**FECHA DE NACIMIENTO :** 30/12/2025 **REGISTRO CIVIL :** 1,074,194,348

**NOMBRE RESPONSABLE :** BRENDA JULIANA AMORTEGUI CALDAS

**DOC.IDENTIDAD DE LA MADRE :** 1,170,963,034

**FECHA TOMA DE MUESTRA :** 21/02/2026 **TIPO DE MUESTRA :** TALÓN

**FECHA DE IMPRESIÓN :** 09/03/2026 **PESO :** 3500

# TAMIZAJE NEONATAL

## ANÁLISIS MUESTRA DE SANGRE

| | RESULTADO | VALORES DE REFERENCIA | INTERPRETACIÓN |
|---|---|---|---|
| T.S.H Neonatal | 1.09 | >= 6 µl/mL talón en prematuros<br>>= 10 µl/mL talón<br>>= 15 µl/mL cordón | Normal |
| Deficiencia de G6PDH | 6.10 | > 2.6 U/gHb | Normal |

*TÉCNICA: Fluoroinmunoensayo (Delfia).* *Procesado en Colombia por PREGEN.*

| | | | |
|---|---|---|---|
| Hemoglobinopatías | FA | Ausencia de hemoglobinas anormales | Normal |

*TÉCNICA: Cromatografía Liquida de Alto Rendimiento (HPLC).* *Procesado en Colombia por PREGEN.*

# TAMIZAJE AMPLIADO

## ESPECTROMETRIA DE MASAS EN TANDEM

Procesado en Tennessee Department of Healt.

**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

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
Bacterióloga
Reg. 40.936.003

**PROCESADO :** MARIA JOSE PINZON GARCIA
Bacterióloga
Reg. 1.015.469.392

**FECHA :** 09/03/2026

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`LABORATORIO PREGEN
Carrera 15a No 106-42
BOGOTA

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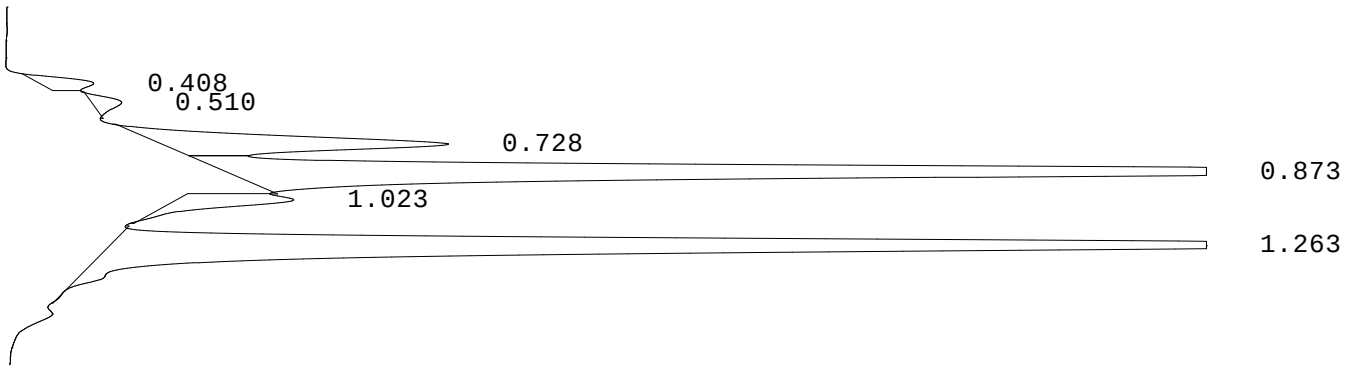
Batch 2083, Rack A, Plate 1, Well B07, 172465 FA
[CC373DA2D0E62EEA]  Feb 27, 2026 10:54:52  Pressure = 55 bar (54 to 57)




| PEAK | RT | REL RT | % CONC | AREA | COMMENT |
|---|---|---|---|---|---|
| 1 | 0.408 | F 0.46 | 1.4% | 17690 | |
| 2 | 0.510 | F 0.58 | 0.9% | 12385 | |
| 3 | 0.728 | F 0.83 | 9.7% | 127681 | Acetylated F peak |
| 4 | 0.873 | F 0.99 | 39.3% | 514360 | Consistent with F |
| 5 | 1.023 | F 1.16 | 3.7% | 48821 | |
| 6 | 1.263 | A 1.01 | 45.0% | 589432 | A peak - REVIEW |
| | | | Total Area: | 1310369 | |

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Codes:
1) Wide A peak
2) Area of A peak < 80%
3) Peak area greater than expected
4) Peak after A2
5) A1c > 10%
6) HbF or variant present
7) Total sample area too small/big
8) A2 is not within normal range

baby health check©

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

| | |
|---|---|
| Date of Report | 04.03.2026 |
| Sample Received | 27.02.2026 |
| Date of Sampling | 21.02.2026 |
| LAB-ID | 262009145 |

# Medical Report

| | | | |
|---|---|---|---|
| Patient name | **MALAVER AMORTEGUI IAN** | Sample-ID | A0361684 |
| Date of Birth | **30.12.2025** | Gender | M |

**Indication:** Newborn Screening

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

**Results:**

| Parameter | Value | Unit | Reference |
|---|---|---|---|
| Birth weight (g) | 3500 | g | - |
| 17-hydroxyprogesterone (17OHP) | <5.0 | nmol/L | < 90.0 |
| Thyroid-stimulating hormone (TSH) | <0.7 | µU/mL | < 15.0 |
| Biotinidase | - | U | > 51.0 |
| Galactose-1-P-uridyltransferase (GALT) | - | U/g Hb | > 2.5 |
| Immunoreactive trypsinogen (IRT) | <15 | ng/mL | < 65.0 |
| Phenylalanine | 23.4 | µmol/L | < 150.0 |
| Amino acid profile | negative | | - |
| Acylcarnitine profile | negative | | - |

**Interpretation:** Not enough material to perform Biotinidase and GALT. Please send a 2nd DBS card for re-testing (cost-free).
All other tests were negative.

Please note: Inconspicuous biochemical results cannot exclude any metabolic disease with certainty. We recommend genetic testing if clinical symptoms suggest any inborn error of metabolism. For further information please contact us: info@archimedlife.com. All methods are fully validated* and accredited.

**Contact Details**
Assoc.-Prof. Dr. Andrea-Romana KASPER, MD, PhD
E-Mail: info@archimedlife.com

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International Medical Laboratory+
Leberstrasse 20/2 | 1110 Vienna, Austria | www.archimedlife.com

| Patient name | **MALAVER AMORTEGUI IAN** |
|---|---|
| Date of Birth | **30.12.2025** |

| Sample-ID | A0361684 |
|---|---|
| Gender | M |

**Results:**

| Parameter | Value | Unit | Reference |
|---|---|---|---|
| Phenylalanine (Phe) | 23.4 | µmol/L | < 150.0 |
| Phenylalanine / Tyrosine ratio (Phe/Tyr) | 0.66 | µmol/L | < 2.20 |
| Tyrosine (Tyr) | 35.2 | µmol/L | < 200.0 |
| Leucine (Leu) | 73.9 | µmol/L | < 270.0 |
| Valine (Val) | 48.0 | µmol/L | < 200.0 |
| Methionine (MET) | 17.7 | µmol/L | < 78.0 |
| Methionine / Phenylalanine (Met/Phe) | 0.76 | µmol/L | < 1.60 |
| Citrulline (Cit) | 14.2 | µmol/L | < 50.0 |
| Ornithine (Orn) | 60.8 | µmol/L | < 250.0 |
| Ornithine / Citrulline ratio (Orn/Cit) | 4.28 | µmol/L | 1.50 - 20.00 |
| Proline (Pro) | 70.9 | µmol/L | < 350.0 |
| Alanine (Ala) | 135.8 | µmol/L | < 750.0 |
| Arginine (Arg) | 23.7 | µmol/L | < 100.0 |
| Aspartic acid (Asp) | 51.2 | µmol/L | < 100.0 |
| Glutamic acid (Glu) | 192.2 | µmol/L | < 600.0 |
| Glycamine (Gly) | 136.1 | µmol/L | < 700.0 |
| Free carnitine (C0) | 16.91 | µmol/L | 6.00 - 100.00 |
| acetylcarnitine (C2) | 14.73 | µmol/L | 1.34 - 48.81 |
| propionylcarnitine (C3) | 1.88 | µmol/L | 0.13 - 6.60 |
| butyryl-/isobutyrylcarnitine (C4) | 0.15 | µmol/L | 0.03 - 0.90 |
| isovaleryl-/2-methylbutyrylcarnitine(C5) | 0.18 | µmol/L | 0.02 - 2.00 |
| tiglylcarnitine (C5:1) | 0.02 | µmol/L | < 0.20 |
| hydroxyvalerylcarnitine (C5OH) | 0.20 | µmol/L | 0.02 - 0.57 |
| glutarylcarnitine (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) | 0.08 | 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) | 0.05 | µmol/L | 0.10 - 0.38 |
| palmitoylcarnitine (C16) | 0.52 | µmol/L | 0.62 - 7.81 |
| 3-hydroxypalmitoylcarnitine (C16OH) | 0.01 | µmol/L | < 0.10 |
| stearoylcarnitine (C18) | 0.24 | µmol/L | 0.30 - 2.40 |
| oleylcarnitine (C18:1) | 2.66 | µmol/L | 0.06 - 3.86 |
| 3-hydroxystearoylcarnitine (C18OH) | 0.01 | µmol/L | < 0.09 |
| malonylcarnitine (C3DC) | 0.03 | µmol/L | < 0.50 |

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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