



**TENNESSEE DEPARTMENT of HEALTH  
LABORATORY SERVICES**  
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**NEWBORN SCREENING REPORT  
FIRST SPECIMEN**

**Date: 7/27/2025**

**TDH Lab Number: 20252061325**

Infant: **VASCO DIAZ, AURORA**  
Birth Date: 7/11/2025 @ 12:05  
Collect Date: 7/15/2025 @ 16:44  
Date Recvd: 7/25/2025 @ 0700  
Sex: Female  
\*Feeding:  
Multiple Birth: Single

Mother: DIAZ, KARLA JHOANA  
Address: NO INFO GIVEN  
Phone: NP  
Race:  
SCN: TN0000152701  
Gestage: 37.5

Medical Record:  
\*Transfused: No  
Date Transf.:  
County: SOUTH AMERICA  
Birth Weight: 2585  
Hospital: PREGEN  
Provider: PREGEN

**NEWBORN SCREENING RESULTS**

*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>	FA	No Hemoglobinopathies Observed	FA, AF for Older Infants
<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

\*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.