NEWBORN SCREENING

Department of Health – Utah Public Health Laboratory
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Name:	**Test, Baby**	Submitter:	Lab
Sex:	M		Utah,Newborn Screening
DOB:	**15-Oct-2020**	Sample #:	F0203029202020 (I)
UT (kit) #:	UT000A222	Date Collected:	17-Oct-2020
Hospital MR #		Date Received:	23-Oct-2020 14:24
Mothers Name:	Test, Mom	Date Reported:	17-Nov-2020

Disorder	Determination	Result (Reference Range)
Overall Determination	**INDETERMINATE** *	
Amino Acid Profile	**Normal**	
Acylcarnitine Profile	**Normal**	
Biotinidase Deficiency	**Normal**	
Galactosemia	**Normal**	
	Enzyme Activity	10.8 U/gHb (3 - 20)
Congenital Adrenal Hyperplasia	**Normal**	
	17-OHP	5.0 ng/mL
	Comments: Reference range: <25 ng/mL	
Congenital Hypothyroidism	**Normal**	
	TSH	10.0 uIU/mL (0 - 40)
Cystic Fibrosis	**Normal**	
	IRT	18.8 ng/mL (<51)
Hemoglobinopathies	**Normal - FA**	
SCID	**Normal**	
Spinal Muscular Atrophy	**Normal**	
X-Linked Adrenoleukodystrophy	**INDETERMINATE** *	
	C26:0	.23 H umol/L (<0.16)
	Comments: In this sample the concentration of C26:0 was elevated. This is suggestive of X-linked adrenoleukodystrophy. A repeat screen is recommended. ACTION: REPEAT SCREEN	

FINAL REPORT - Please FILE and discard previous reports.

Results are validated only for dried blood spot specimens collected using the heelstick method. A newborn screening result should not be considered diagnostic, and cannot replace the individualized evaluation and diagnosis of an infant by a well-trained, knowledgeable health care provider. *If glucocorticoids administered to infant or mother, use caution when interpreting the CAH result.