DEPARTMENT OF HEALTH
Minnesota Newborn Screening
601 Robert Street North, St. Paul, MN 55155-2531
Phone: 1-800-664-7772 or 651-201-5466 Fax: 651-215-6285
Email: newbornscreening@health.state.mn.us

Final Newborn Screening Report

LABORATORY REPORT

Submitter:
Address:

Card Barcode:
Physician/Clinic:

Patient Information:
Infant Name:
Date of Birth:
MRN:
Mother's Name:

Specimen Information:
Date Collected:
Date Received:
Date Reported:
Copy Printed:

Screening Results on Multiple Pages

Disorder/Profile	Value	Result	Expected Range
Biotinidase Deficiency		Within Normal Limits	> 55 U/dL
Congenital Adrenal Hyperplasia		Within Normal Limits	Weight Dependent
Congenital Hypothyroidism		Within Normal Limits	Age Dependent
Cystic Fibrosis		Within Normal Limits	< 96th Percentile
Galactosemia		Within Normal Limits	GALT > 3.2 U/dL, TGAL < 12 mg/dL
Hemoglobinopathies		Within Normal Limits	Within Normal Limits =FA
Severe Combined Immunodeficiency*		Within Normal Limits	TREC Present
X-linked Adrenoleukodystrophy**		Within Normal Limits	< 0.16 µmol/L C26:0-LPC
Lysosomal Disease Profile**		Within Normal Limits	Enzyme Activity Present
Spinal Muscular Atrophy*		Within Normal Limits	SMN1 Present
Amino Acid Profile**		Within Normal Limits	Within Normal Limits
Acylcarnitine Profile**		Within Normal Limits	Within Normal Limits
Duchenne Muscular Dystrophy		Within Normal Limits	Within Normal Limits

Comments

Resources: An MDH genetic counselor is available for consultation regarding screening results at 651-201-3548. Disorder fact sheets and specialist contact list can be found here: https://www.health.state.mn.us/people/newbornscreening/materials/factsheets/bloodspotdisorders.html

The purpose of newborn screening is to identify at risk infants in need of diagnostic testing. As with any screening test, false positive or false negative results are possible. Newborn screening is insufficient information on which to base, or rule out, diagnosis or treatment.CF variant analysis is completed using the Luminex® xTAG® Cystic Fibrosis (CFTR) 39 Kit.
*This real-time PCR assay was developed and its performance characteristics were determined by the MDH Public Health Laboratory. It has not been cleared or approved by the U.S. Food and Drug Administration: 21 CFR 809.30(e).
**The performance characteristics of these tests were determined by the MDH Public Health Laboratory. It has not been cleared or approved by the U.S. Food and Drug Administration.
***Testing is performed by Mayo Clinic Laboratories-Rochester Main Campus; 200 First Street SW, Rochester, MN 55905

DEPARTMENT OF HEALTH
Minnesota Newborn Screening
601 Robert Street North, St. Paul, MN 55155-2531
Phone: 1-800-664-7772 or 651-201-5466 Fax: 651-215-6285
Email: newbornscreening@health.state.mn.us

Final Newborn Screening Report

LABORATORY REPORT

Submitter:
Address:

Card Barcode:
Physician/Clinic:

Patient Information:
Infant Name:
Date of Birth:
MRN:
Mother's Name:

Specimen Information:
Date Collected:
Date Received:
Date Reported:
Copy Printed:

Screening Results on Multiple Pages

Cytomegalovirus (CMV) Screening Results

Result	Expected Result
CMV Not Detected*	CMV Not Detected

There is decreased sensitivity in screening for CMV in dried blood spots, so not all infants with congenital CMV will be identified. Of those who are identified by newborn screening, up to 80% will be unaffected.

Comments

Resources: An MDH genetic counselor is available for consultation regarding screening results at 651-201-3548. Disorder fact sheets and specialist contact list can be found here: https://www.health.state.mn.us/people/newbornscreening/materials/factsheets/bloodspotdisorders.html

The purpose of newborn screening is to identify at risk infants in need of diagnostic testing. As with any screening test, false positive or false negative results are possible. Newborn screening is insufficient information on which to base, or rule out, diagnosis or treatment.CF variant analysis is completed using the Luminex® xTAG® Cystic Fibrosis (CFTR) 39 Kit.
*This real-time PCR assay was developed and its performance characteristics were determined by the MDH Public Health Laboratory. It has not been cleared or approved by the U.S. Food and Drug Administration: 21 CFR 809.30(e).
**The performance characteristics of these tests were determined by the MDH Public Health Laboratory. It has not been cleared or approved by the U.S. Food and Drug Administration.
***Testing is performed by Mayo Clinic Laboratories-Rochester Main Campus; 200 First Street SW, Rochester, MN 55905