YODA LifeLine
DIAGNOSTICS
FOR A HEALTHY TOMORROW

Visit ID	**: xxx**	UHID/MR No	: xxx
Patient Name	**: xxx**	Age/Gender	: xxx
Ref Doctor	: xxx	DOB	: xxx
Client Add	: xxx	Client Name	: xxx
Collected	: xxx	Registration	: xxx
Reported	: xxx	Received	: xxx
Client Code	: xxx	Barcode No	: xxx

DEPARTMENT OF BIOCHEMICAL GENETICS

NEWBORN SCREENING (BIO-7)

Sample Type: DBS (DRIED BLOOD SPOT)

Clinical History: Not enclosed.
Result: All the tested parameters are within normal limits.

Assay	Method	Results	Cut Off
G6PD enzyme activity (G6PD Deficiency)	FIA	7.40	> 2.0 Units/gm of Hb
17-hydroxyprogesterone (17-OHP) (Congenital Adrenal Hyperplasia (CAH))	ELISA	0.80	< 30 ng/ml
Immunoreactive Trypsinogen (IRT) (Cystic Fibrosis (CF))	ELISA	20.60	< 70 ng/ml
Phenylalanine (PKU) (Hyperphenylalanemia (PKU or non-PKU))	FIA	0.80	< 2.5 mg/dL
Total Galactose (TGAL) (Galactosemia (GAL))	FIA	5.0	< 10 mg/dL
Thyroid Stimulating Hormone (TSH) (Congenital Hypothyroidism (CH))	ELISA	2.30	< 10 mIU/L
Biotinidase enzyme activity (Biotinidase Deficiency (BIOT))	FIA	313.50	> 50 U

Remarks: This is a screening test and a negative screen test may not rule out possibility of a disorder while a positive screen test justifies further diagnostic work up.

Note: It is presumed that the test performed of the specimen belongs to the patient specified above, such verification having been carried out at the collection level of sample.

Disclaimer: New born screening may have limitations due to the biologic variability and differences in detection rates of various disorders in newborn period. It may not identify all newborns with these conditions. A positive screening result identifies newborns at an increased risk and will need further diagnostic work-up, a negative screening result would however not rule out the possibility of a disorder. The results will need a thorough clinical correlation. The screening test should be carried out under medical advice and in no way be used as a substitute for professional expert.

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