

GAMT_TEST_AR, GAMT_TEST1_AR

Health Card Number/Type:	NONE	Date of Birth:	2022-09-19 08:00
NSO Episode Number:	N20221004-XXXX	Sex:	FEMALE
Guardian's Name:	GAMT_MOM, GAMT_MOM1	Date of Referral:	2023-01-20
Guardian's Phone Number:	9999999999	Feed Type:	BREAST
Guardian's Address:	OTTAWA, ONTARIO	Transfusion:	NO
		Gestational Age:	39/5 (weeks/days)
		Birth Weight:	3300g
Submitting HCP:	EXAMPLE PROVIDER	Infant's HCP:	EXAMPLE PROVIDER
Submitting Facility:	HOSPITAL	Infant's HCP Phone:	9999999999
Referring Physician:	Dr. Pranesh Chakraborty (Billing # 016047)		
Referral to:	Hematology		
Screen Positive for:	Hemoglobinopathies (HGB)		
Treatment Centre:	HHSC NBS CENTRE		
Case ID:	CXXXXX		

This letter confirms the phone call made to your office on 2023-01-20 in order to refer you the above-named infant.

This infant was screened on 2022-09-20 and was screen positive for a Hemoglobinopathy.

Newborn Screening Ontario is responsible for the confirmation of the diagnosis of Hemoglobinopathies. We would therefore appreciate your assistance in the diagnostic evaluation of this infant. Please send us the test results used to establish the infant's diagnosis by completing the retrieval confirmation and diagnostic evaluation report forms.

Thank you for your collaboration and please accept our kind regards.



Dr. Michael Geraghty, MBBS
Medical Advisor
OHIP Billing Number 015515



Dr. P. Chakraborty, MD, FRCPC, FCCMG
Medical Director
OHIP Billing Number 016047





GAMT_TEST_AR, GAMT_TEST1_AR

Health Card Number/Type: NONE

Date of Birth: 2022-09-19 08:00

NSO Episode Number: N20221004-XXXX

Date of Referral: 2023-01-20

SCREENING OUTCOMES

<u>Test</u>	<u>Screening Result</u>
Amino Acidemias:	
Phenylketonuria and Variants / Bipterin Defects	Negative
Maple Syrup Urine Disease	Negative
Homocystinuria (Hypermethionemias)	Negative
Citrullinemias / Argininosuccinic Aciduria	Negative
Tyrosinemias	Negative
Amino Acidopathies, other	Negative
Organic Acidemias:	
Propionic / Methylmalonic Acidemias	Negative
Isovaleric Acidemia / 2 Methylbutyric Acidemias	Negative
Glutaric Acidemia Type 1	Negative
Guanidinoacetate Methyltransferase Deficiency	Negative
Organic Acidemias, other	Negative
Fatty Acid Oxidation Defects:	
Medium Chain Acyl Dehydrogenase Deficiency	Negative
Very Long Chain Acyl Dehydrogenase Deficiency	Negative
Long Chain Hydroxyl Acyl Dehydrogenase / Trifunctional Protein Deficiencies	Negative
Carnitine Uptake Defect	Negative
Fatty Acid Oxidation Disorders, other	Negative
Galactosemia	Negative
Biotinidase Deficiency	Negative
Endocrine Disorders:	
Congenital Hypothyroidism	Negative
Congenital Adrenal Hyperplasia	Negative
Sickle Cell and other Hemoglobinopathies	POSITIVE
Cystic Fibrosis	Negative
Severe Combined Immune Deficiency	Negative
Spinal Muscular Atrophy	Negative
Mucopolysaccharidosis Type 1H	Negative

SCREENING COMMENTS

Referred to HSC NBS Centre 416-813-7410





GAMT_TEST_AR, GAMT_TEST1_AR

Health Card Number/Type:	NONE	Date of Birth:	2022-09-19 08:00
NSO Episode Number:	N20221004-XXXX	Date of Collection:	2022-09-20 10:00
Guardian's Name:	GAMT_MOM, GAMT_MOM1	Date of Receipt:	2022-10-04
Guardian's Phone Number:	9999999999	Date of Report:	2023-01-20
Guardian's Address:	OTTAWA, ONTARIO	Sex:	FEMALE
		Feed Type:	BREAST
		Transfusion:	NO
Submitter Unique Number:		Gestational Age:	39/5 (weeks/days)
Submitting Facility:	HOSPITAL	Birth Weight:	3300g

Case ID: CXXXXX

	%
FAST	5.2
Hb F+F1	84.4
Hb A	-
Hb S	8.1
Hb C	-
Hb D	-
Hb E	-
Hb X	-
Hemoglobin Pattern	FSX

Comments:

Screen positive for sickle cell (SS or S beta-thalassemia) disease.
REVIEWED BY: Kowalski, Michael

Medical/Scientific oversight provided by:

Dr. Matthew P.A. Henderson, PhD, FCACB, FCCMG
Laboratory Head of Biochemistry

Dr. P. Chakraborty, MD, FRCPC, FCCMG
Medical Director





Confidential Fax

SCREEN POSITIVE REFERRAL

To: HHSC NBS CENTRE

Attention to: Bob Dylan

From: Newborn Screening Ontario

Pages: (including cover page)

Date: 2023-01-20

Re: GAMT_TEST_AR, GAMT_TEST1_AR
DOB: 2022-09-19 08:00

Newborn Screening Follow-Up Team,

As discussed, please find the referral on the above-named infant attached. This infant is screen positive for:
Hemoglobinopathies (HGB)

Thank you for your collaboration and please accept our kind regards.

Newborn Screening Ontario

(613) 738-3222 x1045

RNSO@cheo.on.ca

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