Health Card Number/Type: XXXXXXXXX **Sex:** M **Birth:** 2023-12-01 00:20 **Collection:** 2023-12-02 00:40 **Receipt:** 2023-12-04

Guardian's Name: BLANK, PARENT **Other Names:**
Submitting Location: HOSPITAL **Location Fax:** 11234567890 **Submitter #:** XXXXXXXXXXX
Ordering HCP: EXAMPLE, DOCTOR **Ordering HCP Fax:** 1234561234
Infant's HCP: EXAMPLE2, DOCTOR **Infant's HCP Fax:** 1234561234

Amino Acidemias:

Phenylketonuria and Variants / Biopterin Defects	Negative
Maple Syrup Urine Disease	Negative
Homocystinuria (Hypermethioninemias)	Negative
Citrullinemias / Argininosuccinic Aciduria	Negative
Tyrosinemias	Negative
Amino Acidopathies, other	Negative

Organic Acidemias:

Propionic / Methylmalonic Acidemias	Negative
Isovaleric Acidemia / 2 Methylbutyric Acidemia	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   **UNSATISFACTORY** *

Endocrine Disorders:

Congenital Hypothyroidism	Negative
Congenital Adrenal Hyperplasia	Negative

Sickle Cell and other Hemoglobinopathies   Negative

Cystic Fibrosis   **UNSATISFACTORY** *

Severe Combined Immune Deficiency   **UNSATISFACTORY** *

Spinal Muscular Atrophy   **UNSATISFACTORY** *

Mucopolysaccharidosis Type 1H (MPS1H or Hurler Disease)   **UNSATISFACTORY** *

The sample received from your patient was not adequate for the following reason(s):

Quantity of blood insufficient (filter paper not completely saturated).

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o NSO's complete screening panel is available at www.newbornscreening.on.ca.   Results for diseases not reflected above are pending.

o Screen **negative** means that this infant is at decreased risk for the disease(s). Screen **positive** means that this infant is at increased risk for the disease(s). It does not mean that a disease is present, but further testing is indicated. If a test is positive and you and / or your patient have not already been contacted, please call NSO at (613) 738-3222.

o This report does NOT contain information about this infant's carrier status for hemoglobinopathies. Families wishing to learn their child's carrier result should contact NSO or visit www.newbornscreening.on.ca

o Infants with meconium ileus are at risk of having Cystic Fibrosis (CF) but will often have a screen negative result for CF; it is therefore recommended that they be clinically evaluated for CF regardless of the newborn screening results.

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www.newbornscreening.on.ca · newbornscreening@cheo.on.ca

Health Card Number/Type: XXXXXXXXX **Sex:** M **Birth:** 2023-12-01 00:20 **Collection:** 2023-12-02 00:40 **Receipt:** 2023-12-04

Guardian's Name: BLANK, PARENT   **Other Names:**

Submitting Location: HOSPITAL   **Location Fax:** 11234567890   **Submitter #:** XXXXXXXXX

Ordering HCP: EXAMPLE, DOCTOR   **Ordering HCP Fax:** 1234561234

Infant's HCP: EXAMPLE2, DOCTOR   **Infant's HCP Fax:** 1234561234

A REPEAT SAMPLE IS REQUIRED AS SOON AS POSSIBLE

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