

NEWBORN SCREENING PROGRAM
New York State Department of Health
David Axelrod Institute, 120 New Scotland Ave.
Albany, NY 12208
Phone: (518) 473-7552 Fax: (518) 474-0405
E-mail: nbsinfo@health.ny.gov
Website: http://www.wadsworth.org/newborn/

INHERITED METABOLIC DISORDER DIAGNOSIS FORM

Dear Doctor:

Please complete this form in its entirety and return it to the Newborn Screening Program as soon as possible.

Attach Clinical Laboratory results including any available mutation analysis.

Your response is required, as specified in Title 10 New York Code of Rules and Regulations subpart 69-1.7c.

NEWBORN INFORMATION

Name at birth: _____

AKA: _____

Single Birth Twin A Twin B Other _____

Mother's name: _____

Date of Birth: _____

Gender: Male Female

Hospital of birth: _____

Medical Record #: _____

Galactosemia

- GALT01 Expired, If cause of death is known, choose the appropriate diagnosis below.
- GALT10 Disease, Galactosemia – classical
- GALT11 Disease, Galactosemia – variant
- GALT29 Disease, not on NBS panel. Specify: _____
- GALT30 Inconclusive/possible (work-up in progress), GALT
- GALT40 No disease

Biotinidase

- BIOT01 Expired, If cause of death is known, choose the appropriate diagnosis below.
- BIOT10 Disease Biotinidase – classical
- BIOT11 Disease – partial Biotinidase deficiency
- BIOT29 Disease, not on NBS panel. Specify: _____
- BIOT30 Inconclusive/possible (work-up in progress), BIOT
- BIOT40 No disease
- BIOT41 No disease transient abnormality due to prematurity/TPN

GAMT

- GAMT01 Expired, If cause of death is known, choose the appropriate diagnosis below.
- GAMT10 Disease, Guanidinoacetate methyltransferase (GAMT) deficiency
- GAMT29 Disease, not on NBS panel. Specify: _____
- GAMT30 Inconclusive/possible (work-up in progress), GAMT
- GAMT40 No disease

Was this newborn previously known to be at increased risk for this disorder?

No Yes, family history Yes, prenatal testing Yes, preconception testing

COMMENTS: _____

PHYSICIAN'S SIGNATURE: _____ **DATE:** _____

PRINT NAME: _____