Table II Normal Values And Criteria For Requesting Follow-up Specimens

Table II summarizes normal laboratory values and laboratory criteria used for follow-up. Phone follow-up (with mail confirmation) is provided for significantly abnormal test results. Mail follow-up is provided for normal and mildly abnormal results. More information on these conditions is available on Oregon Department of Human Services Web site: www.oregon.gov/DHS/ph/nbs/expand.shtml. See additional information on MS/MS conditions in Appendix II.

Analyte	Normal***	Follow Up by Medical Consultant/NBS Nurse**	Follow Up by Mail
Thyroxine	Upper 90% of T4 determinations	T4 in lower 10% and TSH >100 µUI/mL	T4<5.0 µmg/dL, TSH normal (low birth weight infant)
TSH	<60 µUI/mL if 0–11hrs old <35 µUI/mL if 12–48 hrs old <25 µUI/mL if >48 hrs old	>200 µUI/mL if 0–11hrs old >100 µUI/mL if 12–23 hrs old >60 µUI/mL if 24–48 hrs old >35 µUI/mL if >48 hrs old	60.1–100 µUI/mL if 0–11 hrs old 35.1–100 µUI/mL if 12–23 hrs old 35.1–60 µUI/mL if 24–48 hrs old 25.1–35 µUI/mL if >48 hrs old
17-OH-Progesterone*	<125 ng/mL if <24 hrs old <125 ng/mL if 24 hrs to ≤10 days old, BW ≤2500 g <75 ng/mL if 24 hrs to <10 days old, BW >2500 g <60 if >10 days old	>150.1 ng/mL if <24 hrs old >150.1 ng/mL if 24 hrs to ≤10 days old, BW ≤2500 g >100.1 ng/mL if 24 hrs to <10 days old, BW >2500 g >80.1 if >10 days old	125.1–150 ng/mL if <24 hrs old 125.1–150 ng/mL if 24 hrs to ≤10 days old, BW ≤2500 g 75.1–100 ng/mL if 24 hrs to <10 days old, BW >2500 g >60.1–80.0 if >10 days old
Hemoglobin IEF/HPLC	Hgb F and A	Probable homozygote	Probable heterozygote
Biotinidase	Activity present	Activity absent	Partial activity
Galactosemia enzymes (Gal-1-PO4 uridyl transferase, GALT)	Fluorescence present	No or reduced fluoresence AND galactose ≥20 mg/dL OR galactose <20 mg/dL if <48 hrs old	No or reduced fluoresence AND galactose<20 mg/dL age ≥48 hrs old
Arginine	<130 µM/L	≥200 µM/L	≥130 & <200 µM/L
ASA*	<6.0 µM/L	≥6.0 µM/L	
Citrulline*	<100 µM/L 1st NBS <200 µM/L 2nd NBS	≥100 µM/L 1st NBS	≥200 µM/L & ASA <6.0 µM/L 2nd NBS
Leucine*	<200 µM/L & Leu/Ala <1.30 1st NBS <330 µM/L & Leu/Ala <1.30 2nd NBS	≥200 µM/L & Leu/Ala ≥1.30 1st NBS ≥330 µM/L & Leu/Ala ≥1.30 2nd NBS	≥200 µM/L & Leu/Ala ≤1.30 1st NBS ≥330 µM/L & Leu/Ala ≤1.30 2nd NBS
Methionine	<90 µM/L	≥210 µM/L 1st & 2nd NBS ≥90 µM/L 2nd NBS with previous elevation on 1st NBS	≥90 µM/L & ≤210 µM/L
Phenylalanine	<190 µM/L	≥190 µM/L and Phe/Tyr ≥3.0	≥190 µM/L & Phe/Tyr <3.0
Tyrosine	<400 µM/L	≥600 µM/L 1st NBS ≥400 µM/L & <600 µM/L 1st NBS & ≥400 µM/L 2nd NBS ≥600 µM/L 2nd NBS	>400 µM/L & <600 µM/L
C0	>15.0 µM/L & <300 µM/L	<15.0 µM/L 1st & 2nd NBS, BW >2500 grams or not on hyperal ≥300 on 1st & 2nd NBS	<15 µM/L 1st NBS, BW>2500 gram or not on hyperal <15 µM/L 1st & 2nd NBS, BW <2500 gr or on hyperal ≥300 µM/L 1st NBS
C0/C16+18	<130	≥130	
C3*	<7.5 µM/L & C3/C2=<0.30	≥7.5 µM/L & C3/C2=≥0.30	≥7.5 µM/L & C3/C2=<0.30

(continued on next page)

Table II (continued)

Analyte	Normal***	Follow Up by Medical Consultant/NBS Nurse**	Follow Up by Mail
C3DC	<0.50 μM/L	≥0.50 μM/L	
C4	<1.80 μM/L	≥2.50 μM/L	≥1.80 μM/L & <2.50 μM/L
C5	<0.70 μM/L 1st NBS <1.10 μM/L 2nd NBS	≥0.70 μM/L 1st NBS	≥1.10 μM/L 2nd NBS if on hyperal & 1st NBS normal
C5:1	<0.80 μM/L	≥0.80 μM/L	
C5OH	<1.50 μM/L	≥1.50 μM/L	
C5DC	<0.50 μM/L	≥0.50 μM/L	
C6, C8, C10*	<0.80 μM/L, <1.0 μM/L, <0.70 μM/L	≥0.80 μM/L, ≥1.00 μM/L, ≥0.70 μM/L	
C14	<0.80 μM/L	≥0.80 μM/L if other long chain analytes elevated	≥0.80 μM/L only elevation
C14:1	<0.80 μM/L	≥0.6 μM/L	
C16	<9.70 μM/L	≥9.70 μM/L if other long chain analytes elevated	≥9.70 μM/L only elevation
C16:1	<0.80 μM/L	≥0.80 μM/L if other long chain analytes elevated	≥0.80 μM/L only elevation
C16OH	<0.50 μM/L	≥0.50 μM/L	
C18	<3.10 μM/L	≥3.10 μM/L if other long chain analytes are elevated	≥3.10 μM/L only elevation
C18:1	<4.60 μM/L	≥4.60 μM/L if other long chain analytes are elevated	≥4.60 μM/L only elevation
C18:1OH	<0.30 μM/L	≥0.30 μM/L if other long chain analytes are elevated	≥0.30 μM/L only elevation
C18OH	<0.30 μM/L	≥0.30 μM/L	
Immunotrypsingen (IRT)	<100 ng/mL 1st NBS <80 ng/mL 2nd NBS	≥100 ng/mL 1st NBS & ≥80 ng/mL 2nd NBS	≥100 ng/mL 1st NBS

* Infants may have severe neonatal presentation.

**All phoned results are followed by mailed confirmation. All of these tests are screening tests. Abnormal results need full evaluation/discussion with a consultant before a diagnosis is confirmed or treatment is started.

***Normal and abnormal values are subject to change based on continuing statistical evaluation.