

CASE INFORMATION WORKSHEET

Question:	Answer
INFANT DEMOGRAPHICS	
State Unique ID?(alphanumeric)	
Date of Birth?(mm/dd/yyyy)	
Gestational Age?(in weeks)	
Birth Weight?(in grams)	
Biological Sex?	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unspecified <input type="checkbox"/> Unknown
Race? (select all that apply)	<input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Not Reported/Unknown
Ethnicity? (select one)	<input type="checkbox"/> Hispanic, Latino(a) or Spanish origin <input type="checkbox"/> Not of Hispanic, Latino(a), or Spanish origin <input type="checkbox"/> Not Reported/Unknown
SCREENING INFORMATION	
Was prenatal testing done that indicated that this infant was at risk for this disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know
Which newborn screen result indicated this infant was at risk for the disorder?	<input type="checkbox"/> Initial Screen <input type="checkbox"/> 2nd Required Screen <input type="checkbox"/> Subsequent Screen
Was this individual diagnosed later in life (not identified by newborn screening)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Date of <u>initial</u> specimen collection (mm/dd/yyyy)?	
Date of receipt by lab of <u>initial</u> specimen (mm/dd/yyyy)?	
Date of release of out of range results of <u>initial</u> specimen (mm/dd/yyyy)?	
Date of <u>subsequent</u> specimen collection (mm/dd/yyyy)?	
Date of receipt by lab of <u>subsequent</u> specimen (mm/dd/yyyy)?	
Date of release of out of range results of <u>subsequent</u> specimen (mm/dd/yyyy)?	
Date of intervention by appropriate medical provider (mm/dd/yyyy)?	
Date of confirmation of diagnosis (mm/dd/yyyy)?	

NEWBORN SCREENING SURVEILLANCE CASE DEFINITIONS

Developed by the Health Resources and Services Administration (HRSA) and NewSTEPs in cooperation with the newborn screening medical sub-specialty community, standard surveillance case definitions for newborn screening conditions allow for determination of true prevalence and incidence of disorders, and for comparison of outcomes across states. The case definition forms can be found in the pages to follow, stratified by disorder type. Additionally you can find case definition classification tables [linked here](#) that can be used as a reference resource.

METABOLIC DISORDERS

ORGANIC ACID DISORDERS

GA1: Glutaric acidemia type I.....	2
IVA: Isovaleric academia	4
3-MCC: 3-methylcrotonyl-CoA carboxylase deficiency	6
MMA with homocystinuria.....	8
MMA without homocystinuria.....	11
PROP: Propionic Acidemia	14
MCD: Holocarboxylase synthase deficiency	17

FATTY ACID DISORDERS

CUD: Carnitine uptake defect	19
MCAD: Medium-chain acyl-CoA dehydrogenase deficiency	21
TFP inclusive of LCHAD: Long-chain L-3 hydroxyacyl-CoA dehydrogenase deficiency ...	23
VLCD: Very long-chain acyl-CoA dehydrogenase deficiency	26

AMINO ACID DISORDERS

ASA: Argininosuccinic aciduria.....	28
CIT: Citrullinemia, type I.....	30
HCY: Homocystinuria (CBS Deficiency).....	32
MSUD: Maple syrup urine disease.....	34
PKU: Classic phenylketonuria.....	38
TYR-1: Tyrosinemia, type I.....	40

ENDOCRINE DISORDERS

CH: Primary congenital hypothyroidism.....	42
CAH: Congenital adrenal hyperplasia.....	44

HEMOGLOBINOPATHIES

Presence of Hb S	46
Presence of Other Variant	49

OTHER DISORDERS

BIO: Biotinidase deficiency.....	52
GALT: Classic galactosemia.....	53
CF: Cystic fibrosis.....	56

Note: standard surveillance case definitions have not been developed for 3-Hydroxy-3-methylglutaric aciduria (HMG) or for β -Ketothiolase deficiency (β KT). These are forthcoming.

GLUTARIC ACIDEMIA/ACIDURIA TYPE I (GA1)

CASE CONFIRMATORY DIAGNOSIS FOLLOW-UP

Instructions: Please answer the questions as fully as possible. All testing refers to confirmatory testing following newborn screening. You may need to consult with relevant clinician(s) and/or medical staff to obtain this information.

Please answer the following as Yes/No/Don't Know	If Yes
Were urine organic acids tested? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	Was 3-OH Glutaric acid level <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown Was Glutaric acid level <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown
Were serum organic acids tested? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	Was 3-OH Glutaric acid level <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown Was Glutaric acid level <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown
Were plasma acylcarnitines tested? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	Was C5 -DC level <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown
Was a mutation analysis performed for Glutaric aciduria type I? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	What genes were included in the mutation analysis? <input type="checkbox"/> GCDH gene <input type="checkbox"/> Other gene: _____

MOLECULAR GENETICS REPORT

<p>Were variants detected in the GCDH gene?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	<p>Check the types of variants found on:</p> <p><i>Allele 1:</i></p> <p><input type="checkbox"/> Variant known to be disease causing</p> <p><input type="checkbox"/> Variant of unknown significance</p> <p style="padding-left: 20px;"><input type="checkbox"/> Predicted to be pathogenic</p> <p><input type="checkbox"/> Wild Type (Normal)</p> <p><input type="checkbox"/> Unknown</p> <p><i>Allele 2:</i></p> <p><input type="checkbox"/> Variant known to be disease causing</p> <p><input type="checkbox"/> Variant of unknown significance</p> <p style="padding-left: 20px;"><input type="checkbox"/> Predicted to be pathogenic</p> <p><input type="checkbox"/> Wild Type (Normal)</p> <p><input type="checkbox"/> Unknown</p>
<p>Were variants detected in other genes?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	<p>Check the types of variants found on:</p> <p><i>Allele 1:</i></p> <p><input type="checkbox"/> Variant known to be disease causing</p> <p><input type="checkbox"/> Variant of unknown significance</p> <p style="padding-left: 20px;"><input type="checkbox"/> Predicted to be pathogenic</p> <p><input type="checkbox"/> Wild Type (Normal)</p> <p><input type="checkbox"/> Unknown</p> <p><i>Allele 2:</i></p> <p><input type="checkbox"/> Variant known to be disease causing</p> <p><input type="checkbox"/> Variant of unknown significance</p> <p style="padding-left: 20px;"><input type="checkbox"/> Predicted to be pathogenic</p> <p><input type="checkbox"/> Wild Type (Normal)</p> <p><input type="checkbox"/> Unknown</p>
<p>Was enzyme analysis for Glutaric Acidemia enzyme activity completed?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	<p>Was enzyme activity:</p> <p><input type="checkbox"/> Consistent with disease</p> <p><input type="checkbox"/> Normal activity (not consistent with disease)</p> <p><input type="checkbox"/> Unknown</p>

ISOVALERIC ACIDEMIA/ACIDURIA (IVA) CASE CONFIRMATORY DIAGNOSIS FOLLOW-UP

Instructions: Please answer the questions as fully as possible. All testing refers to confirmatory testing following newborn screening. You may need to consult with relevant clinician(s) and/or medical staff to obtain this information.

Please answer the following as Yes/No/Don't Know	If Yes
<p>Were urine organic acids tested?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	<p>Was 3OH Isovaleric acid level</p> <p><input type="checkbox"/> Elevated</p> <p><input type="checkbox"/> Normal</p> <p><input type="checkbox"/> Unknown</p> <p>Was Isovaleryl glycine level</p> <p><input type="checkbox"/> Elevated</p> <p><input type="checkbox"/> Normal</p> <p><input type="checkbox"/> Unknown</p>
<p>Were plasma acylcarnitines tested?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	<p>Was C5 level</p> <p><input type="checkbox"/> Elevated</p> <p><input type="checkbox"/> Normal</p> <p><input type="checkbox"/> Unknown</p>
<p>Was a mutation analysis performed for Isovaleric aciduria?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	<p>What genes were included in the mutation analysis?</p> <p><input type="checkbox"/> IVD gene</p> <p><input type="checkbox"/> Other gene: _____</p>

MOLECULAR GENETICS REPORT

<p>Were variants detected in the IVD gene?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	<p>Check the types of variants found on:</p> <p><i>Allele 1:</i></p> <p><input type="checkbox"/> Variant known to be disease causing</p> <p><input type="checkbox"/> Variant of unknown significance</p> <p style="padding-left: 20px;"><input type="checkbox"/> Predicted to be pathogenic</p> <p><input type="checkbox"/> Wild Type (Normal)</p> <p><input type="checkbox"/> Unknown</p> <p><i>Allele 2:</i></p> <p><input type="checkbox"/> Variant known to be disease causing</p> <p><input type="checkbox"/> Variant of unknown significance</p> <p style="padding-left: 20px;"><input type="checkbox"/> Predicted to be pathogenic</p> <p><input type="checkbox"/> Wild Type (Normal)</p> <p><input type="checkbox"/> Unknown</p>
<p>Were variants detected in other genes?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	<p>Check the types of variants found on:</p> <p><i>Allele 1:</i></p> <p><input type="checkbox"/> Variant known to be disease causing</p> <p><input type="checkbox"/> Variant of unknown significance</p> <p style="padding-left: 20px;"><input type="checkbox"/> Predicted to be pathogenic</p> <p><input type="checkbox"/> Wild Type (Normal)</p> <p><input type="checkbox"/> Unknown</p> <p><i>Allele 2:</i></p> <p><input type="checkbox"/> Variant known to be disease causing</p> <p><input type="checkbox"/> Variant of unknown significance</p> <p style="padding-left: 20px;"><input type="checkbox"/> Predicted to be pathogenic</p> <p><input type="checkbox"/> Wild Type (Normal)</p> <p><input type="checkbox"/> Unknown</p>
<p>Was enzyme analysis for isovaleric acidemia enzyme activity completed?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	<p>Was enzyme activity:</p> <p><input type="checkbox"/> Consistent with disease</p> <p><input type="checkbox"/> Normal activity (not consistent with disease)</p> <p><input type="checkbox"/> Unknown</p>

3-METHYLCROTONYL COA CARBOXYLASE DEFICIENCY (3MCC) CASE CONFIRMATORY DIAGNOSIS FOLLOW-UP

Instructions: Please answer the questions as fully as possible. All testing refers to confirmatory testing following newborn screening. You may need to consult with relevant clinician(s) and/or medical staff to obtain this information.

Please answer the following as Yes/No/Don't Know	If Yes
Were urine organic acids tested? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	Was 3OH Isovaleric acid level <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown Was 3-methylcrotonyl glycine level <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown
Were plasma acylcarnitines tested? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	Was C5-OH level <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown
Was maternal 3-MCC level tested and ruled out? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	
Was a mutation analysis performed for 3-MCC? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	What genes were included in the mutation analysis? <input type="checkbox"/> MCCC1 gene <input type="checkbox"/> MCCC2 gene <input type="checkbox"/> Other gene: _____

MOLECULAR GENETICS REPORT

<p>Were variants detected in the MCCC1 gene?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	<p>Check the types of variants found on:</p> <p><i>Allele 1:</i></p> <p><input type="checkbox"/> Variant known to be disease causing</p> <p><input type="checkbox"/> Variant of unknown significance</p> <p style="padding-left: 20px;"><input type="checkbox"/> Predicted to be pathogenic</p> <p><input type="checkbox"/> Wild Type (Normal)</p> <p><input type="checkbox"/> Unknown</p> <p><i>Allele 2:</i></p> <p><input type="checkbox"/> Variant known to be disease causing</p> <p><input type="checkbox"/> Variant of unknown significance</p> <p style="padding-left: 20px;"><input type="checkbox"/> Predicted to be pathogenic</p> <p><input type="checkbox"/> Wild Type (Normal)</p> <p><input type="checkbox"/> Unknown</p>
<p>Were variants detected in the MCCC2 gene?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	<p>Check the types of variants found on:</p> <p><i>Allele 1:</i></p> <p><input type="checkbox"/> Variant known to be disease causing</p> <p><input type="checkbox"/> Variant of unknown significance</p> <p style="padding-left: 20px;"><input type="checkbox"/> Predicted to be pathogenic</p> <p><input type="checkbox"/> Wild Type (Normal)</p> <p><input type="checkbox"/> Unknown</p> <p><i>Allele 2:</i></p> <p><input type="checkbox"/> Variant known to be disease causing</p> <p><input type="checkbox"/> Variant of unknown significance</p> <p style="padding-left: 20px;"><input type="checkbox"/> Predicted to be pathogenic</p> <p><input type="checkbox"/> Wild Type (Normal)</p> <p><input type="checkbox"/> Unknown</p>
<p>Were variants detected in other genes?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	<p>Check the types of variants found on:</p> <p><i>Allele 1:</i></p> <p><input type="checkbox"/> Variant known to be disease causing</p> <p><input type="checkbox"/> Variant of unknown significance</p> <p style="padding-left: 20px;"><input type="checkbox"/> Predicted to be pathogenic</p> <p><input type="checkbox"/> Wild Type (Normal)</p> <p><input type="checkbox"/> Unknown</p> <p><i>Allele 2:</i></p> <p><input type="checkbox"/> Variant known to be disease causing</p> <p><input type="checkbox"/> Variant of unknown significance</p> <p style="padding-left: 20px;"><input type="checkbox"/> Predicted to be pathogenic</p> <p><input type="checkbox"/> Wild Type (Normal)</p> <p><input type="checkbox"/> Unknown</p>
<p>Was enzyme analysis for 3-MCC enzyme activity completed?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	<p>Was enzyme activity:</p> <p><input type="checkbox"/> Consistent with disease</p> <p><input type="checkbox"/> Normal activity (not consistent with disease)</p> <p><input type="checkbox"/> Unknown</p>

MMA WITH HOMOCYSTINURIA; (CBLC; CBLDV1; CBLF; CBLD; CBLJ)

CASE CONFIRMATORY DIAGNOSIS FOLLOW-UP

Instructions: Please answer the questions as fully as possible. All testing refers to confirmatory testing following newborn screening. You may need to consult with relevant clinician(s) and/or medical staff to obtain this information.

Part I: Final Diagnosis as determined by metabolic geneticist or clinician performing the follow-up

Please Select One:

- A. Cobalamin C deficiency (CblC)
- B. Cobalamin D deficiency (CblD)
- C. Cobalamin F deficiency (CblF)
- D. Cobalamin Dv1 deficiency (CblDv1)
- E. Cobalamin J deficiency (CblJ)
- F. Other cobalamin deficiency not listed above: _____

Please answer the following as Yes/No/Don't Know	If Yes
Was serum MMA level tested? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	Was MMA level in serum: <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown
Was urine MMA level tested? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	Was MMA level in urine: <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown
Were plasma acylcarnitines tested? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	Was C3: <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown
Was maternal vitamin B12 levels tested? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	Was maternal vitamin B12 deficient? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

Were infant vitamin B12 levels tested? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	Was infant vitamin B12 deficient? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Was total plasma homocysteine tested? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	Was total plasma homocysteine: <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown
Was mutation analysis done? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	What genes were included in the mutation analysis? <input type="checkbox"/> C2ORF25 gene (cbID) <input type="checkbox"/> MMACHC gene <input type="checkbox"/> LMBRD1 gene (cbIF) <input type="checkbox"/> ABCD4 gene (cbIJ) <input type="checkbox"/> Other MMA associated gene: _____

MOLECULAR GENETICS REPORT

Were variants found in C2ORF25 gene? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	Check the types of variants found on: <i>Allele 1:</i> <input type="checkbox"/> Variant known to be disease causing <input type="checkbox"/> Variant of unknown significance ○ Predicted to be pathogenic <input type="checkbox"/> Wild Type (Normal) <input type="checkbox"/> Unknown <i>Allele 2:</i> <input type="checkbox"/> Variant known to be disease causing <input type="checkbox"/> Variant of unknown significance ○ Predicted to be pathogenic <input type="checkbox"/> Wild Type (Normal) <input type="checkbox"/> Unknown
Were variants found in MMACHC gene? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	Check the types of variants found on: <i>Allele 1:</i> <input type="checkbox"/> Variant known to be disease causing <input type="checkbox"/> Variant of unknown significance ○ Predicted to be pathogenic <input type="checkbox"/> Wild Type (Normal) <input type="checkbox"/> Unknown <i>Allele 2:</i> <input type="checkbox"/> Variant known to be disease causing <input type="checkbox"/> Variant of unknown significance ○ Predicted to be pathogenic <input type="checkbox"/> Wild Type (Normal) <input type="checkbox"/> Unknown

<p>Were variants found in LMBRD1 gene?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	<p>Check the types of variants found on:</p> <p><i>Allele 1:</i></p> <p><input type="checkbox"/> Variant known to be disease causing</p> <p><input type="checkbox"/> Variant of unknown significance</p> <p style="padding-left: 20px;"><input type="checkbox"/> Predicted to be pathogenic</p> <p><input type="checkbox"/> Wild Type (Normal)</p> <p><input type="checkbox"/> Unknown</p> <p><i>Allele 2:</i></p> <p><input type="checkbox"/> Variant known to be disease causing</p> <p><input type="checkbox"/> Variant of unknown significance</p> <p style="padding-left: 20px;"><input type="checkbox"/> Predicted to be pathogenic</p> <p><input type="checkbox"/> Wild Type (Normal)</p> <p><input type="checkbox"/> Unknown</p>
<p>Were variants found in ABCD4 gene?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	<p>Check the types of variants found on:</p> <p><i>Allele 1:</i></p> <p><input type="checkbox"/> Variant known to be disease causing</p> <p><input type="checkbox"/> Variant of unknown significance</p> <p style="padding-left: 20px;"><input type="checkbox"/> Predicted to be pathogenic</p> <p><input type="checkbox"/> Wild Type (Normal)</p> <p><input type="checkbox"/> Unknown</p> <p><i>Allele 2:</i></p> <p><input type="checkbox"/> Variant known to be disease causing</p> <p><input type="checkbox"/> Variant of unknown significance</p> <p style="padding-left: 20px;"><input type="checkbox"/> Predicted to be pathogenic</p> <p><input type="checkbox"/> Wild Type (Normal)</p> <p><input type="checkbox"/> Unknown</p>
<p>Were variants found in other MMA related genes? _____</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	<p>Check the types of variants found on:</p> <p><i>Allele 1:</i></p> <p><input type="checkbox"/> Variant known to be disease causing</p> <p><input type="checkbox"/> Variant of unknown significance</p> <p style="padding-left: 20px;"><input type="checkbox"/> Predicted to be pathogenic</p> <p><input type="checkbox"/> Wild Type (Normal)</p> <p><input type="checkbox"/> Unknown</p> <p><i>Allele 2:</i></p> <p><input type="checkbox"/> Variant known to be disease causing</p> <p><input type="checkbox"/> Variant of unknown significance</p> <p style="padding-left: 20px;"><input type="checkbox"/> Predicted to be pathogenic</p> <p><input type="checkbox"/> Wild Type (Normal)</p> <p><input type="checkbox"/> Unknown</p>
<p>Were enzyme complementation studies completed?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	<p>Were complementation studies:</p> <p><input type="checkbox"/> Consistent with disease</p> <p><input type="checkbox"/> Normal activity (not consistent with disease)</p> <p><input type="checkbox"/> Unknown</p>

MMA; (CBLA; CBLB, MUT-; MUT0; CBLDV2) CASE CONFIRMATORY DIAGNOSIS FOLLOW-UP

Instructions: Please answer the questions as fully as possible. All testing refers to confirmatory testing following newborn screening. You may need to consult with relevant clinician(s) and/or medical staff to obtain this information.

Part I: Final Diagnosis as determined by metabolic geneticist or clinician performing the follow-up

Please Select One:

- G. Cobalamin A deficiency (CblA)
- H. Cobalamin B deficiency (CblB)
- I. Mutase (-) (mut-)
- J. Mutase (0) (mut0)
- K. Cobalamin Dv2 (CblDv2)

Please answer the following as Yes/No/Don't Know	If Yes
Was serum MMA level tested? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	Was MMA level in serum: <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown
Was urine MMA level tested? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	Was MMA level in urine: <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown
Were plasma acylcarnitines tested? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	Was C3: <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown
Was maternal vitamin B12 levels tested? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	Was maternal vitamin B12 deficient? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

Were infant vitamin B12 levels tested? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	Was infant vitamin B12 deficient? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Was total plasma homocysteine tested? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	Was total plasma homocysteine: <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown
Was mutation analysis done? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	What genes were included in the mutation analysis? <input type="checkbox"/> METHYLMALONYL-CoA MUTASE <input type="checkbox"/> MMAA gene <input type="checkbox"/> MMAB gene <input type="checkbox"/> Other MMA associated gene: _____

MOLECULAR GENETICS REPORT

Were variants found in the METHYLMALONYL-CoA MUTASE gene? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	Check the types of variants found on: <i>Allele 1:</i> <input type="checkbox"/> Variant known to be disease causing <input type="checkbox"/> Variant of unknown significance ○ Predicted to be pathogenic <input type="checkbox"/> Wild Type (Normal) <input type="checkbox"/> Unknown <i>Allele 2:</i> <input type="checkbox"/> Variant known to be disease causing <input type="checkbox"/> Variant of unknown significance ○ Predicted to be pathogenic <input type="checkbox"/> Wild Type (Normal) <input type="checkbox"/> Unknown
Were variants found in MMAA gene? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	Check the types of variants found on: <i>Allele 1:</i> <input type="checkbox"/> Variant known to be disease causing <input type="checkbox"/> Variant of unknown significance ○ Predicted to be pathogenic <input type="checkbox"/> Wild Type (Normal) <input type="checkbox"/> Unknown <i>Allele 2:</i> <input type="checkbox"/> Variant known to be disease causing <input type="checkbox"/> Variant of unknown significance ○ Predicted to be pathogenic <input type="checkbox"/> Wild Type (Normal) <input type="checkbox"/> Unknown

<p>Were variants found in MMAB gene?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	<p>Check the types of variants found on:</p> <p><i>Allele 1:</i></p> <p><input type="checkbox"/> Variant known to be disease causing</p> <p><input type="checkbox"/> Variant of unknown significance</p> <p style="padding-left: 20px;"><input type="checkbox"/> Predicted to be pathogenic</p> <p><input type="checkbox"/> Wild Type (Normal)</p> <p><input type="checkbox"/> Unknown</p> <p><i>Allele 2:</i></p> <p><input type="checkbox"/> Variant known to be disease causing</p> <p><input type="checkbox"/> Variant of unknown significance</p> <p style="padding-left: 20px;"><input type="checkbox"/> Predicted to be pathogenic</p> <p><input type="checkbox"/> Wild Type (Normal)</p> <p><input type="checkbox"/> Unknown</p>
<p>Were variants found in other MMA related genes? _____</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	<p>Check the types of variants found on:</p> <p><i>Allele 1:</i></p> <p><input type="checkbox"/> Variant known to be disease causing</p> <p><input type="checkbox"/> Variant of unknown significance</p> <p style="padding-left: 20px;"><input type="checkbox"/> Predicted to be pathogenic</p> <p><input type="checkbox"/> Wild Type (Normal)</p> <p><input type="checkbox"/> Unknown</p> <p><i>Allele 2:</i></p> <p><input type="checkbox"/> Variant known to be disease causing</p> <p><input type="checkbox"/> Variant of unknown significance</p> <p style="padding-left: 20px;"><input type="checkbox"/> Predicted to be pathogenic</p> <p><input type="checkbox"/> Wild Type (Normal)</p> <p><input type="checkbox"/> Unknown</p>
<p>Were enzyme complementation studies completed?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	<p>Were complementation studies:</p> <p><input type="checkbox"/> Consistent with disease</p> <p><input type="checkbox"/> Normal activity (not consistent with disease)</p> <p><input type="checkbox"/> Unknown</p>

PROPIONICACIDEMIA/ACIDURIA CASE CONFIRMATORY DIAGNOSIS FOLLOW-UP

Instructions: Please answer the questions as fully as possible. All testing refers to confirmatory testing following newborn screening. You may need to consult with relevant clinician(s) and/or medical staff to obtain this information.

Please answer the following as Yes/No/Don't Know	If Yes
<p>Were urine organic acids tested?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	<p>Please indicate which of the following metabolites were detected:</p> <p>Propionyl glycine:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p> <p>Tiglylglycine:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p> <p>Methylcitrate:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p> <p>3OH propionic acid:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p> <p>MMA:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p> <p>Methylcrotonyl glycine:</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p>
<p>Were plasma acylcarnitines tested?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	<p>Was C3 level</p> <p><input type="checkbox"/> Elevated</p> <p><input type="checkbox"/> Normal</p> <p><input type="checkbox"/> Unknown</p>

<p>Was a mutation analysis performed for Propionyl-CoA carboxylase (PCC)?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	<p>What genes were included in the mutation analysis?</p> <p><input type="checkbox"/> PCCA</p> <p><input type="checkbox"/> PCCB</p> <p><input type="checkbox"/> Other gene: _____</p>
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MOLECULAR GENETICS REPORT

<p>Were variants detected in the PCCA gene?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	<p>Check the types of variants found on:</p> <p><i>Allele 1:</i></p> <p><input type="checkbox"/> Variant known to be disease causing</p> <p><input type="checkbox"/> Variant of unknown significance</p> <p style="padding-left: 20px;"><input type="checkbox"/> Predicted to be pathogenic</p> <p><input type="checkbox"/> Wild Type (Normal)</p> <p><input type="checkbox"/> Unknown</p> <p><i>Allele 2:</i></p> <p><input type="checkbox"/> Variant known to be disease causing</p> <p><input type="checkbox"/> Variant of unknown significance</p> <p style="padding-left: 20px;"><input type="checkbox"/> Predicted to be pathogenic</p> <p><input type="checkbox"/> Wild Type (Normal)</p> <p><input type="checkbox"/> Unknown</p>
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<p>Were variants detected in the PCCB gene?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	<p>Check the types of variants found on:</p> <p><i>Allele 1:</i></p> <p><input type="checkbox"/> Variant known to be disease causing</p> <p><input type="checkbox"/> Variant of unknown significance</p> <p style="padding-left: 20px;"><input type="checkbox"/> Predicted to be pathogenic</p> <p><input type="checkbox"/> Wild Type (Normal)</p> <p><input type="checkbox"/> Unknown</p> <p><i>Allele 2:</i></p> <p><input type="checkbox"/> Variant known to be disease causing</p> <p><input type="checkbox"/> Variant of unknown significance</p> <p style="padding-left: 20px;"><input type="checkbox"/> Predicted to be pathogenic</p> <p><input type="checkbox"/> Wild Type (Normal)</p> <p><input type="checkbox"/> Unknown</p>
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<p>Were variants detected in other genes?</p> <ul style="list-style-type: none"><input type="checkbox"/> Yes<input type="checkbox"/> No<input type="checkbox"/> Don't Know	<p>Check the types of variants found on:</p> <p><i>Allele 1:</i></p> <ul style="list-style-type: none"><input type="checkbox"/> Variant known to be disease causing<input type="checkbox"/> Variant of unknown significance<ul style="list-style-type: none"><input type="radio"/> Predicted to be pathogenic<input type="checkbox"/> Wild Type (Normal)<input type="checkbox"/> Unknown <p><i>Allele 2:</i></p> <ul style="list-style-type: none"><input type="checkbox"/> Variant known to be disease causing<input type="checkbox"/> Variant of unknown significance<ul style="list-style-type: none"><input type="radio"/> Predicted to be pathogenic<input type="checkbox"/> Wild Type (Normal)<input type="checkbox"/> Unknown
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HOLOCARBOXYLASE SYNTHETASE (MULTIPLE CARBOXYLASE) DEFICIENCY OR OTHER BIOTIN DISORDERS (NOT BIOTINIDASE DEFICIENCY) (MCD) CASE CONFIRMATORY DIAGNOSIS FOLLOW-UP

Instructions: Please answer the questions as fully as possible. All testing refers to confirmatory testing following newborn screening. You may need to consult with relevant clinician(s) and/or medical staff to obtain this information.

Final diagnosis as determined by the metabolic geneticist or clinician performing the follow-up:

Please choose one:

- A. Holocarboxylase deficiency
- B. Other biotin disorder (not biotinidase deficiency) _____

Please answer the following as Yes/No/Don't Know	If Yes
Were urine organic acids tested? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	Was 3OH Isovaleric acid level <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown Was 3OH Propionic acid level <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown Was 3-methylcrotonyl glycine level <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown
Were plasma acylcarnitines tested? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	Was C3 level <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown Was C5-OH level <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown
Were infant chemistries (biotinidase) studies completed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	What were the Biotinadase results? <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Untested/Unknown

<p>Was a mutation analysis performed for Holocarboxylase Synthetase Deficiency?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	<p>What genes were included in the mutation analysis?</p> <p><input type="checkbox"/> HLCS gene</p> <p><input type="checkbox"/> Other gene: _____</p>
MOLECULAR GENETICS REPORT	
<p>Were variants detected in the HLCS gene?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	<p>Check the types of variants found on:</p> <p><i>Allele 1:</i></p> <p><input type="checkbox"/> Variant known to be disease causing</p> <p><input type="checkbox"/> Variant of unknown significance</p> <p style="padding-left: 20px;"><input type="checkbox"/> Predicted to be pathogenic</p> <p><input type="checkbox"/> Wild Type (Normal)</p> <p><input type="checkbox"/> Unknown</p> <p><i>Allele 2:</i></p> <p><input type="checkbox"/> Variant known to be disease causing</p> <p><input type="checkbox"/> Variant of unknown significance</p> <p style="padding-left: 20px;"><input type="checkbox"/> Predicted to be pathogenic</p> <p><input type="checkbox"/> Wild Type (Normal)</p> <p><input type="checkbox"/> Unknown</p>
<p>Were variants detected in other genes?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	<p>Check the types of variants found on:</p> <p><i>Allele 1:</i></p> <p><input type="checkbox"/> Variant known to be disease causing</p> <p><input type="checkbox"/> Variant of unknown significance</p> <p style="padding-left: 20px;"><input type="checkbox"/> Predicted to be pathogenic</p> <p><input type="checkbox"/> Wild Type (Normal)</p> <p><input type="checkbox"/> Unknown</p> <p><i>Allele 2:</i></p> <p><input type="checkbox"/> Variant known to be disease causing</p> <p><input type="checkbox"/> Variant of unknown significance</p> <p style="padding-left: 20px;"><input type="checkbox"/> Predicted to be pathogenic</p> <p><input type="checkbox"/> Wild Type (Normal)</p> <p><input type="checkbox"/> Unknown</p>
<p>Was enzyme analysis for holocarboxylase synthetase deficiency enzyme activity completed?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	<p>Was enzyme activity:</p> <p><input type="checkbox"/> Consistent with disease</p> <p><input type="checkbox"/> Normal activity (not consistent with disease)</p> <p><input type="checkbox"/> Unknown</p>

PRIMARY CARNITINE DEFICIENCY/ CARNITINE UPTAKE DEFICIENCY (CUD)

CASE CONFIRMATORY DIAGNOSIS FOLLOW-UP

Instructions: Please answer the questions as fully as possible. All testing refers to confirmatory testing following newborn screening. You may need to consult with relevant clinician(s) and/or medical staff to obtain this information.

Please answer the following as Yes/No/Don't Know	If Yes
Was urine carnitine tested? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	Was fractional excretion of free carnitine level: <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown
Were plasma carnitine levels tested? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	Was free carnitine (C0) <input type="checkbox"/> Low <input type="checkbox"/> Normal <input type="checkbox"/> Unknown
Were other causes for carnitine loss ruled out? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	
Was a mutation analysis performed for carnitine transporter defects? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	What genes were included in the mutation analysis? <input type="checkbox"/> SLC22A5 gene <input type="checkbox"/> Other gene: _____
MOLECULAR GENETICS REPORT	
Were variants detected in the SLC22A5 gene? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	Check the types of variants found on: Allele 1: <input type="checkbox"/> Variant known to be disease causing <input type="checkbox"/> Variant of unknown significance ○ Predicted to be pathogenic <input type="checkbox"/> Wild Type (Normal) <input type="checkbox"/> Unknown Allele 2: <input type="checkbox"/> Variant known to be disease causing <input type="checkbox"/> Variant of unknown significance ○ Predicted to be pathogenic <input type="checkbox"/> Wild Type (Normal) <input type="checkbox"/> Unknown

<p>Were variants detected in other genes?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	<p>Check the types of variants found on:</p> <p><i>Allele 1:</i></p> <p><input type="checkbox"/> Variant known to be disease causing</p> <p><input type="checkbox"/> Variant of unknown significance</p> <p style="padding-left: 20px;"><input type="checkbox"/> Predicted to be pathogenic</p> <p><input type="checkbox"/> Wild Type (Normal)</p> <p><input type="checkbox"/> Unknown</p> <p><i>Allele 2:</i></p> <p><input type="checkbox"/> Variant known to be disease causing</p> <p><input type="checkbox"/> Variant of unknown significance</p> <p style="padding-left: 20px;"><input type="checkbox"/> Predicted to be pathogenic</p> <p><input type="checkbox"/> Wild Type (Normal)</p> <p><input type="checkbox"/> Unknown</p>
<p>Was enzyme analysis for carnitine deficiency enzyme activity completed?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	<p>Was enzyme activity:</p> <p><input type="checkbox"/> Consistent with disease</p> <p><input type="checkbox"/> Normal activity (not consistent with disease)</p> <p><input type="checkbox"/> Unknown</p>

MEDIUM CHAIN ACYL COA DEHYDROGENASE DEFICIENCY (MCAD) CASE CONFIRMATORY DIAGNOSIS FOLLOW-UP

Instructions: Please answer the questions as fully as possible. All testing refers to confirmatory testing following newborn screening. You may need to consult with relevant clinician(s) and/or medical staff to obtain this information.

Please answer the following as Yes/No/Don't Know	If Yes
<p>Were urine organic acids or acylglycines tested?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	<p>Was Hexanoylglycine level</p> <p><input type="checkbox"/> Elevated</p> <p><input type="checkbox"/> Normal</p> <p><input type="checkbox"/> Unknown</p>
<p>Were plasma acylcarnitines tested?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	<p>Was C8 level:</p> <p><input type="checkbox"/> Elevated</p> <p><input type="checkbox"/> Elevated on repeat testing</p> <p><input type="checkbox"/> Normal</p> <p><input type="checkbox"/> Unknown</p> <p>Was C8>C10 level</p> <p><input type="checkbox"/> Elevated</p> <p><input type="checkbox"/> Normal</p> <p><input type="checkbox"/> Unknown</p> <p>Was C8>C6 level</p> <p><input type="checkbox"/> Elevated</p> <p><input type="checkbox"/> Normal</p> <p><input type="checkbox"/> Unknown</p> <p>Was C6 level</p> <p><input type="checkbox"/> Elevated</p> <p><input type="checkbox"/> Normal</p> <p><input type="checkbox"/> Unknown</p> <p>Was C10 level</p> <p><input type="checkbox"/> Elevated</p> <p><input type="checkbox"/> Normal</p> <p><input type="checkbox"/> Unknown</p>
<p>Was mutation analysis performed for MCAD?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	<p>What genes were included in the mutation analysis?</p> <p><input type="checkbox"/> ACADM</p> <p><input type="checkbox"/> Other: _____</p>

MOLECULAR GENETICS REPORT

<p>Were variants detected in the ACADM gene?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	<p>Check the types of variants found on:</p> <p><i>Allele 1:</i></p> <p><input type="checkbox"/> Variant known to be disease causing</p> <p><input type="checkbox"/> Variant of unknown significance</p> <p style="padding-left: 20px;"><input type="checkbox"/> Predicted to be pathogenic</p> <p><input type="checkbox"/> Wild Type (Normal)</p> <p><input type="checkbox"/> Unknown</p> <p><i>Allele 2:</i></p> <p><input type="checkbox"/> Variant known to be disease causing</p> <p><input type="checkbox"/> Variant of unknown significance</p> <p style="padding-left: 20px;"><input type="checkbox"/> Predicted to be pathogenic</p> <p><input type="checkbox"/> Wild Type (Normal)</p> <p><input type="checkbox"/> Unknown</p>
<p>Were variants detected in other genes?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	<p>Check the types of variants found on:</p> <p><i>Allele 1:</i></p> <p><input type="checkbox"/> Variant known to be disease causing</p> <p><input type="checkbox"/> Variant of unknown significance</p> <p style="padding-left: 20px;"><input type="checkbox"/> Predicted to be pathogenic</p> <p><input type="checkbox"/> Wild Type (Normal)</p> <p><input type="checkbox"/> Unknown</p> <p><i>Allele 2:</i></p> <p><input type="checkbox"/> Variant known to be disease causing</p> <p><input type="checkbox"/> Variant of unknown significance</p> <p style="padding-left: 20px;"><input type="checkbox"/> Predicted to be pathogenic</p> <p><input type="checkbox"/> Wild Type (Normal)</p> <p><input type="checkbox"/> Unknown</p>
<p>Was functional analysis of fatty acid oxidation in cultured fibroblasts performed?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	<p>Was functional fibroblast analysis:</p> <p><input type="checkbox"/> Consistent with disease</p> <p><input type="checkbox"/> Normal activity (not consistent with disease)</p> <p><input type="checkbox"/> Unknown</p>
<p>Was enzyme analysis for MCAD enzyme activity completed?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	<p>Was enzyme analysis:</p> <p><input type="checkbox"/> Consistent with disease</p> <p><input type="checkbox"/> Normal activity (not consistent with disease)</p> <p><input type="checkbox"/> Unknown</p>

TRI-FUNCTIONAL PROTEIN DEFICIENCY (TFP); INCLUSIVE OF LCHAD CASE CONFIRMATORY DIAGNOSIS FOLLOW-UP

Instructions: Please answer the questions as fully as possible. All testing refers to confirmatory testing following newborn screening. You may need to consult with relevant clinician(s) and/or medical staff to obtain this information.

Part I: Final Diagnosis as determined by metabolic geneticist or clinician performing the follow-up

Please Select One:

- L. Trifunctional Protein deficiency
- M. Long chain Acyl CoA dehydrogenase deficiency (LCHAD)

Please answer the following as Yes/No/Don't Know	If Yes
<p>Were urine organic acids tested?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<p>Was C12-OH dicarboxylic acid level</p> <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown <p>Was C10-OH dicarboxylic level?</p> <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown
<p>Were plasma acylcarnitines tested?</p> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	<p>Was C16-OH level</p> <input type="checkbox"/> Elevated (on more than one sample) <input type="checkbox"/> Normal <input type="checkbox"/> Unknown <p>Was C16:1-OH level</p> <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown <p>Was C18-OH level</p> <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown <p>Was C18:1-OH level</p> <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown

<p>Was mutation analysis performed for Trifunctional Protein deficiency?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	<p>What genes were included in the mutation analysis?</p> <p><input type="checkbox"/> HADHA</p> <p><input type="checkbox"/> HADHB</p> <p><input type="checkbox"/> Other: _____</p>
Molecular Genetics Report	
<p>Were variants detected in HADHB gene?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	<p>Check the types of variants found on:</p> <p><i>Allele 1:</i></p> <p><input type="checkbox"/> Variant known to be disease causing</p> <p><input type="checkbox"/> Variant of unknown significance</p> <p style="padding-left: 20px;"><input type="checkbox"/> Predicted to be pathogenic</p> <p><input type="checkbox"/> Wild Type (Normal)</p> <p><input type="checkbox"/> Unknown</p> <p><i>Allele 2:</i></p> <p><input type="checkbox"/> Variant known to be disease causing</p> <p><input type="checkbox"/> Variant of unknown significance</p> <p style="padding-left: 20px;"><input type="checkbox"/> Predicted to be pathogenic</p> <p><input type="checkbox"/> Wild Type (Normal)</p> <p><input type="checkbox"/> Unknown</p>
<p>Were variants detected in HADHA gene?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	<p>Check the types of variants found on:</p> <p><i>Allele 1:</i></p> <p><input type="checkbox"/> Variant known to be disease causing</p> <p><input type="checkbox"/> Variant of unknown significance</p> <p style="padding-left: 20px;"><input type="checkbox"/> Predicted to be pathogenic</p> <p><input type="checkbox"/> Wild Type (Normal)</p> <p><input type="checkbox"/> Unknown</p> <p><i>Allele 2:</i></p> <p><input type="checkbox"/> Variant known to be disease causing</p> <p><input type="checkbox"/> Variant of unknown significance</p> <p style="padding-left: 20px;"><input type="checkbox"/> Predicted to be pathogenic</p> <p><input type="checkbox"/> Wild Type (Normal)</p> <p><input type="checkbox"/> Unknown</p>
<p>Were variants detected in Other genes?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	<p>Check the types of variants found on:</p> <p><i>Allele 1:</i></p> <p><input type="checkbox"/> Variant known to be disease causing</p> <p><input type="checkbox"/> Variant of unknown significance</p> <p style="padding-left: 20px;"><input type="checkbox"/> Predicted to be pathogenic</p> <p><input type="checkbox"/> Wild Type (Normal)</p> <p><input type="checkbox"/> Unknown</p> <p><i>Allele 2:</i></p> <p><input type="checkbox"/> Variant known to be disease causing</p> <p><input type="checkbox"/> Variant of unknown significance</p> <p style="padding-left: 20px;"><input type="checkbox"/> Predicted to be pathogenic</p> <p><input type="checkbox"/> Wild Type (Normal)</p> <p><input type="checkbox"/> Unknown</p>

<p>Was enzyme analysis for TFP enzyme activity completed?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	<p>Was enzyme analysis:</p> <p><input type="checkbox"/> Consistent with disease</p> <p><input type="checkbox"/> Normal activity (not consistent with disease)</p> <p><input type="checkbox"/> Unknown</p>
<p>Was functional analysis of fatty acid oxidation in cultured fibroblasts performed?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	<p>Was Functional fibroblast analysis:</p> <p><input type="checkbox"/> Consistent with disease</p> <p><input type="checkbox"/> Normal activity (not consistent with disease)</p> <p><input type="checkbox"/> Unknown</p>

VERY LONG CHAIN ACYL-COA DEHYDROGENASE DEFICIENCY (VLCAD) CASE CONFIRMATORY DIAGNOSIS FOLLOW-UP

Instructions: Please answer the questions as fully as possible. All testing refers to confirmatory testing following newborn screening. You may need to consult with relevant clinician(s) and/or medical staff to obtain this information.

Please answer the following as Yes/No/Don't Know	If Yes
<p>Were plasma acylcarnitines tested?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	<p>Was C14:1 level</p> <p><input type="checkbox"/> Elevated (on more than one sample)</p> <p><input type="checkbox"/> Normal</p> <p><input type="checkbox"/> Unknown</p> <p>Was C14:2 level</p> <p><input type="checkbox"/> Elevated</p> <p><input type="checkbox"/> Normal</p> <p><input type="checkbox"/> Unknown</p> <p>Was C14 level</p> <p><input type="checkbox"/> Elevated</p> <p><input type="checkbox"/> Normal</p> <p><input type="checkbox"/> Unknown</p>
<p>Was mutation analysis performed for VLCAD?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	<p>What genes were included in the mutation analysis?</p> <p><input type="checkbox"/> ACADVL</p> <p><input type="checkbox"/> Other: _____</p>

Molecular Genetics Report

Were variants detected in ACADVL gene?

- Yes
- No
- Don't Know

Check the types of variants found on:

Allele 1:

- Variant known to be disease causing
- Variant of unknown significance
 - Predicted to be pathogenic
- Wild Type (Normal)
- Unknown

Allele 2:

- Variant known to be disease causing
- Variant of unknown significance
 - Predicted to be pathogenic
- Wild Type (Normal)
- Unknown

Were variants detected in Other genes?

- Yes
- No
- Don't Know

Check the types of variants found on:

Allele 1:

- Variant known to be disease causing
- Variant of unknown significance
 - Predicted to be pathogenic
- Wild Type (Normal)
- Unknown

Allele 2:

- Variant known to be disease causing
- Variant of unknown significance
 - Predicted to be pathogenic
- Wild Type (Normal)
- Unknown

Was enzyme analysis for VLCAD enzyme activity completed?

- Yes
- No
- Don't Know

Was enzyme analysis:

- Consistent with disease
- Normal activity (not consistent with disease)
- Unknown

Was functional analysis of fatty acid oxidation in cultured fibroblasts performed?

- Yes
- No
- Don't Know

Was functional fibroblast analysis:

- Consistent with disease
- Normal activity (not consistent with disease)
- Unknown

ARGININOSUCCINICACIDEMIA/ACIDURIA(ASA) CASE CONFIRMATORY DIAGNOSIS FOLLOW-UP

Instructions: Please answer the questions as fully as possible. All testing refers to confirmatory testing following newborn screening. You may need to consult with relevant clinician(s) and/or medical staff to obtain this information.

Please answer the following as Yes/No/Don't Know	If Yes
<p>Were plasma amino acids tested?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	<p>Was plasma ASA level</p> <p><input type="checkbox"/> Elevated</p> <p><input type="checkbox"/> Normal</p> <p><input type="checkbox"/> Unknown</p> <p>Was Citrulline level</p> <p><input type="checkbox"/> Elevated</p> <p><input type="checkbox"/> Normal</p> <p><input type="checkbox"/> Unknown</p>
<p>Were plasma urine acids tested?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	<p>Was urine ASA level?</p> <p><input type="checkbox"/> Elevated</p> <p><input type="checkbox"/> Normal</p> <p><input type="checkbox"/> Unknown</p> <p>Was urine Citrulline level?</p> <p><input type="checkbox"/> Elevated</p> <p><input type="checkbox"/> Normal</p> <p><input type="checkbox"/> Unknown</p>
<p>Was a mutation analysis performed for ASA?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	<p>What genes were included in the mutation analysis?</p> <p><input type="checkbox"/> ASL</p> <p><input type="checkbox"/> Other gene: _____</p>

MOLECULAR GENETICS REPORT

<p>Were variants detected in the ASL gene?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	<p>Check the types of variants found on:</p> <p><i>Allele 1:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Variant known to be disease causing <input type="checkbox"/> Variant of unknown significance <ul style="list-style-type: none"> <input type="checkbox"/> Predicted to be pathogenic <input type="checkbox"/> Wild Type (Normal) <input type="checkbox"/> Unknown <p><i>Allele 2:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Variant known to be disease causing <input type="checkbox"/> Variant of unknown significance <ul style="list-style-type: none"> <input type="checkbox"/> Predicted to be pathogenic <input type="checkbox"/> Wild Type (Normal) <input type="checkbox"/> Unknown
<p>Were variants detected in other genes?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	<p>Check the types of variants found on:</p> <p><i>Allele 1:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Variant known to be disease causing <input type="checkbox"/> Variant of unknown significance <ul style="list-style-type: none"> <input type="checkbox"/> Predicted to be pathogenic <input type="checkbox"/> Wild Type (Normal) <input type="checkbox"/> Unknown <p><i>Allele 2:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Variant known to be disease causing <input type="checkbox"/> Variant of unknown significance <ul style="list-style-type: none"> <input type="checkbox"/> Predicted to be pathogenic <input type="checkbox"/> Wild Type (Normal) <input type="checkbox"/> Unknown
<p>Was enzyme analysis for ASA enzyme activity completed?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	<p>Was enzyme activity:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Consistent with disease <input type="checkbox"/> Normal activity (not consistent with disease) <input type="checkbox"/> Unknown

CITRULLINEMIA TYPE I (CIT)

CASE CONFIRMATORY DIAGNOSIS FOLLOW-UP

Instructions: Please answer the questions as fully as possible. All testing refers to confirmatory testing following newborn screening. You may need to consult with relevant clinician(s) and/or medical staff to obtain this information.

Please answer the following as Yes/No/Don't Know	If Yes
<p>Were plasma amino acids tested?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	<p>Was plasma ASA:</p> <p><input type="checkbox"/> Present</p> <p><input type="checkbox"/> Absent</p> <p><input type="checkbox"/> Unknown</p> <p>Was Citrulline level</p> <p><input type="checkbox"/> Elevated</p> <p><input type="checkbox"/> Normal</p> <p><input type="checkbox"/> Unknown</p>
<p>Was blood ammonia tested?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	<p>Was blood ammonia level</p> <p><input type="checkbox"/> Elevated</p> <p><input type="checkbox"/> Normal</p> <p><input type="checkbox"/> Unknown</p>
<p>Was a mutation analysis performed for Citrullinemia type I?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	<p>What genes were included in the mutation analysis?</p> <p><input type="checkbox"/> ASS1 gene</p> <p><input type="checkbox"/> Other gene: _____</p>

MOLECULAR GENETICS REPORT

<p>Were variants detected in the ASS1 gene?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	<p>Check the types of variants found on:</p> <p><i>Allele 1:</i></p> <p><input type="checkbox"/> Variant known to be disease causing</p> <p><input type="checkbox"/> Variant of unknown significance</p> <p style="padding-left: 20px;"><input type="checkbox"/> Predicted to be pathogenic</p> <p><input type="checkbox"/> Wild Type (Normal)</p> <p><input type="checkbox"/> Unknown</p> <p><i>Allele 2:</i></p> <p><input type="checkbox"/> Variant known to be disease causing</p> <p><input type="checkbox"/> Variant of unknown significance</p> <p style="padding-left: 20px;"><input type="checkbox"/> Predicted to be pathogenic</p> <p><input type="checkbox"/> Wild Type (Normal)</p> <p><input type="checkbox"/> Unknown</p>
<p>Were variants detected in other genes?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	<p>Check the types of variants found on:</p> <p><i>Allele 1:</i></p> <p><input type="checkbox"/> Variant known to be disease causing</p> <p><input type="checkbox"/> Variant of unknown significance</p> <p style="padding-left: 20px;"><input type="checkbox"/> Predicted to be pathogenic</p> <p><input type="checkbox"/> Wild Type (Normal)</p> <p><input type="checkbox"/> Unknown</p> <p><i>Allele 2:</i></p> <p><input type="checkbox"/> Variant known to be disease causing</p> <p><input type="checkbox"/> Variant of unknown significance</p> <p style="padding-left: 20px;"><input type="checkbox"/> Predicted to be pathogenic</p> <p><input type="checkbox"/> Wild Type (Normal)</p> <p><input type="checkbox"/> Unknown</p>
<p>Was enzyme analysis for Cirtullinemia type-I enzyme activity completed?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	<p>Was enzyme activity:</p> <p><input type="checkbox"/> Consistent with disease</p> <p><input type="checkbox"/> Normal activity (not consistent with disease)</p> <p><input type="checkbox"/> Unknown</p>

CYSTATHIONINE BETA-SYNTHASE (CBS) DEFICIENCY

(CLASSIC HOMOCYSTINURIA)

CASE CONFIRMATORY DIAGNOSIS FOLLOW-UP

Instructions: Please answer the questions as fully as possible. All testing refers to confirmatory testing following newborn screening. You may need to consult with relevant clinician(s) and/or medical staff to obtain this information.

Please answer the following as Yes/No/Don't Know	If Yes
Were plasma amino acids tested? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	Was Methionine level <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown
Was plasma Homocysteine tested? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	Was plasma Homocysteine level <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown
Was a mutation analysis performed for CBS? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	What genes were included in the mutation analysis? <input type="checkbox"/> CBS gene <input type="checkbox"/> Other gene: _____

MOLECULAR GENETICS REPORT

<p>Were variants detected in the CBS gene?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	<p>Check the types of variants found on:</p> <p><i>Allele 1:</i></p> <p><input type="checkbox"/> Variant known to be disease causing</p> <p><input type="checkbox"/> Variant of unknown significance</p> <p style="padding-left: 20px;"><input type="checkbox"/> Predicted to be pathogenic</p> <p><input type="checkbox"/> Wild Type (Normal)</p> <p><input type="checkbox"/> Unknown</p> <p><i>Allele 2:</i></p> <p><input type="checkbox"/> Variant known to be disease causing</p> <p><input type="checkbox"/> Variant of unknown significance</p> <p style="padding-left: 20px;"><input type="checkbox"/> Predicted to be pathogenic</p> <p><input type="checkbox"/> Wild Type (Normal)</p> <p><input type="checkbox"/> Unknown</p>
<p>Were variants detected in other genes?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	<p>Check the types of variants found on:</p> <p><i>Allele 1:</i></p> <p><input type="checkbox"/> Variant known to be disease causing</p> <p><input type="checkbox"/> Variant of unknown significance</p> <p style="padding-left: 20px;"><input type="checkbox"/> Predicted to be pathogenic</p> <p><input type="checkbox"/> Wild Type (Normal)</p> <p><input type="checkbox"/> Unknown</p> <p><i>Allele 2:</i></p> <p><input type="checkbox"/> Variant known to be disease causing</p> <p><input type="checkbox"/> Variant of unknown significance</p> <p style="padding-left: 20px;"><input type="checkbox"/> Predicted to be pathogenic</p> <p><input type="checkbox"/> Wild Type (Normal)</p> <p><input type="checkbox"/> Unknown</p>
<p>Was enzyme analysis for CBS enzyme activity completed?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	<p>Was enzyme activity:</p> <p><input type="checkbox"/> Consistent with disease</p> <p><input type="checkbox"/> Normal activity (not consistent with disease)</p> <p><input type="checkbox"/> Unknown</p>

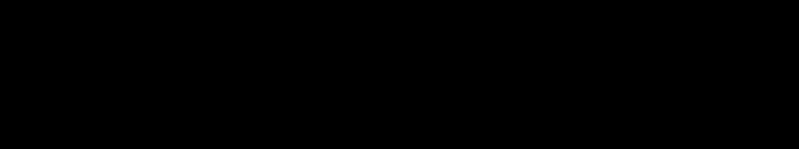
MAPLE SYRUP URINE DISEASE (MSUD) CASE CONFIRMATORY DIAGNOSIS FOLLOW-UP

Instructions: Please answer the questions as fully as possible. All testing refers to confirmatory testing following newborn screening. You may need to consult with relevant clinician(s) and/or medical staff to obtain this information.

Part I: Final Diagnosis as determined by metabolic geneticist or clinician performing the follow-up

- A. MAPLE SYRUP URINE DISEASE, TYPE IA
- B. MAPLE SYRUP URINE DISEASE, TYPE IB
- C. MAPLE SYRUP URINE DISEASE, TYPE II
- D. MAPLE SYRUP URINE DISEASE, TYPE III

Please answer the following as Yes/No/Don't Know	If Yes
<p>Were plasma amino acids tested?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	<p>Was Alloisoleucine level</p> <p><input type="checkbox"/> Elevated</p> <p><input type="checkbox"/> Normal</p> <p><input type="checkbox"/> Unknown</p> <p>Was Leucine level</p> <p><input type="checkbox"/> Elevated</p> <p><input type="checkbox"/> Normal</p> <p><input type="checkbox"/> Unknown</p> <p>Was Isoeucine level</p> <p><input type="checkbox"/> Elevated</p> <p><input type="checkbox"/> Normal</p> <p><input type="checkbox"/> Unknown</p> <p>Was Valine level</p> <p><input type="checkbox"/> Elevated</p> <p><input type="checkbox"/> Normal</p> <p><input type="checkbox"/> Unknown</p> <p>Was Leu>Val?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p>

<p>Were Urine organic acids tested?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	<p>Was 2-ketoisocaproic acid level</p> <p><input type="checkbox"/> Elevated</p> <p><input type="checkbox"/> Normal</p> <p><input type="checkbox"/> Unknown</p> <p>Was 2-OH Isovaleric acid level</p> <p><input type="checkbox"/> Elevated</p> <p><input type="checkbox"/> Normal</p> <p><input type="checkbox"/> Unknown</p> <p>Was 2-ketomethyl valeric acid level</p> <p><input type="checkbox"/> Elevated</p> <p><input type="checkbox"/> Normal</p> <p><input type="checkbox"/> Unknown</p>
<p>Was maternal 3-MCC level tested and ruled out?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	
<p>Was a mutation analysis performed for MSUD?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	<p>What genes were included in the mutation analysis?</p> <p><input type="checkbox"/> <i>DBT</i></p> <p><input type="checkbox"/> <i>BCKDHB</i></p> <p><input type="checkbox"/> <i>DLD</i></p> <p><input type="checkbox"/> <i>BCKDHA</i></p> <p>Other: _____</p>
MOLECULAR GENETICS REPORT	
<p>Were variants detected in <i>DBT</i>?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	<p>Check the types of variants found on:</p> <p><i>Allele 1:</i></p> <p><input type="checkbox"/> Variant known to be disease causing</p> <p><input type="checkbox"/> Variant of unknown significance</p> <p style="padding-left: 20px;"><input type="checkbox"/> Predicted to be pathogenic</p> <p><input type="checkbox"/> Wild Type (Normal)</p> <p><input type="checkbox"/> Unknown</p> <p><i>Allele 2:</i></p> <p><input type="checkbox"/> Variant known to be disease causing</p> <p><input type="checkbox"/> Variant of unknown significance</p> <p style="padding-left: 20px;"><input type="checkbox"/> Predicted to be pathogenic</p> <p><input type="checkbox"/> Wild Type (Normal)</p> <p><input type="checkbox"/> Unknown</p>

<p>Were variants detected in <i>BCKDHD</i>?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	<p>Check the types of variants found on:</p> <p><i>Allele 1:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Variant known to be disease causing <input type="checkbox"/> Variant of unknown significance <ul style="list-style-type: none"> <input type="checkbox"/> Predicted to be pathogenic <input type="checkbox"/> Wild Type (Normal) <input type="checkbox"/> Unknown <p><i>Allele 2:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Variant known to be disease causing <input type="checkbox"/> Variant of unknown significance <ul style="list-style-type: none"> <input type="checkbox"/> Predicted to be pathogenic <input type="checkbox"/> Wild Type (Normal) <input type="checkbox"/> Unknown
<p>Were variants detected in <i>DLD</i>?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	<p>Check the types of variants found on:</p> <p><i>Allele 1:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Variant known to be disease causing <input type="checkbox"/> Variant of unknown significance <ul style="list-style-type: none"> <input type="checkbox"/> Predicted to be pathogenic <input type="checkbox"/> Wild Type (Normal) <input type="checkbox"/> Unknown <p><i>Allele 2:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Variant known to be disease causing <input type="checkbox"/> Variant of unknown significance <ul style="list-style-type: none"> <input type="checkbox"/> Predicted to be pathogenic <input type="checkbox"/> Wild Type (Normal) <input type="checkbox"/> Unknown
<p>Were variants detected in <i>BCKDHA</i>?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	<p>Check the types of variants found on:</p> <p><i>Allele 1:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Variant known to be disease causing <input type="checkbox"/> Variant of unknown significance <ul style="list-style-type: none"> <input type="checkbox"/> Predicted to be pathogenic <input type="checkbox"/> Wild Type (Normal) <input type="checkbox"/> Unknown <p><i>Allele 2:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Variant known to be disease causing <input type="checkbox"/> Variant of unknown significance <ul style="list-style-type: none"> <input type="checkbox"/> Predicted to be pathogenic <input type="checkbox"/> Wild Type (Normal) <input type="checkbox"/> Unknown

<p>Were variants detected in Other genes?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	<p>Check the types of variants found on:</p> <p><i>Allele 1:</i></p> <p><input type="checkbox"/> Variant known to be disease causing</p> <p><input type="checkbox"/> Variant of unknown significance</p> <p style="padding-left: 20px;"><input type="checkbox"/> Predicted to be pathogenic</p> <p><input type="checkbox"/> Wild Type (Normal)</p> <p><input type="checkbox"/> Unknown</p> <p><i>Allele 2:</i></p> <p><input type="checkbox"/> Variant known to be disease causing</p> <p><input type="checkbox"/> Variant of unknown significance</p> <p style="padding-left: 20px;"><input type="checkbox"/> Predicted to be pathogenic</p> <p><input type="checkbox"/> Wild Type (Normal)</p> <p><input type="checkbox"/> Unknown</p>
<p>Was enzyme analysis for MSUD enzyme activity completed?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	<p>Was enzyme activity:</p> <p><input type="checkbox"/> Consistent with disease</p> <p><input type="checkbox"/> Normal activity (not consistent with disease)</p> <p><input type="checkbox"/> Unknown</p>

HYPERPHENYLALANINEMIA (HYPERPHE) (INCLUSIVE OF CLASSIC PKU) CASE CONFIRMATORY DIAGNOSIS FOLLOW-UP

Instructions: Please answer the questions as fully as possible. All testing refers to confirmatory testing following newborn screening. You may need to consult with relevant clinician(s) and/or medical staff to obtain this information.

Final diagnosis as determined by a metabolic geneticist or clinician performing the follow-up:

Please choose one:

- A. Classic PKU
- B. Benign HyperPhe
- C. HyperPhe diet controlled

Please answer the following as Yes/No/Don't Know	If Yes
Were plasma amino acids tested? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	Was Phe level <input type="checkbox"/> Elevated (>120umol/L on unrestricted diet) <input type="checkbox"/> Normal <input type="checkbox"/> Unknown Was Phe/Tyr ratio <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown
Were bipterin studies done? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	Were bipterin studies: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Unknown
Was a mutation analysis performed for Hyperphenylalaninemia? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	What genes were included in the mutation analysis? <input type="checkbox"/> PAH gene <input type="checkbox"/> Other gene: _____

MOLECULAR GENETICS REPORT

<p>Were variants detected in the PAH gene?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	<p>Check the types of variants found on:</p> <p><i>Allele 1:</i></p> <p><input type="checkbox"/> Variant known to be disease causing</p> <p><input type="checkbox"/> Variant of unknown significance</p> <p> <input type="checkbox"/> Predicted to be pathogenic</p> <p><input type="checkbox"/> Wild Type (Normal)</p> <p><input type="checkbox"/> Unknown</p> <p><i>Allele 2:</i></p> <p><input type="checkbox"/> Variant known to be disease causing</p> <p><input type="checkbox"/> Variant of unknown significance</p> <p> <input type="checkbox"/> Predicted to be pathogenic</p> <p><input type="checkbox"/> Wild Type (Normal)</p> <p><input type="checkbox"/> Unknown</p>
<p>Were variants detected in other genes?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	<p>Check the types of variants found on:</p> <p><i>Allele 1:</i></p> <p><input type="checkbox"/> Variant known to be disease causing</p> <p><input type="checkbox"/> Variant of unknown significance</p> <p> <input type="checkbox"/> Predicted to be pathogenic</p> <p><input type="checkbox"/> Wild Type (Normal)</p> <p><input type="checkbox"/> Unknown</p> <p><i>Allele 2:</i></p> <p><input type="checkbox"/> Variant known to be disease causing</p> <p><input type="checkbox"/> Variant of unknown significance</p> <p> <input type="checkbox"/> Predicted to be pathogenic</p> <p><input type="checkbox"/> Wild Type (Normal)</p> <p><input type="checkbox"/> Unknown</p>
<p>Was enzyme analysis for Hyperphe (inclusive of classic PKU) enzyme activity completed?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	<p>Was enzyme activity:</p> <p><input type="checkbox"/> Consistent with disease</p> <p><input type="checkbox"/> Normal activity (not consistent with disease)</p> <p><input type="checkbox"/> Unknown</p>

TYROSINEMIA TYPE I CASE CONFIRMATORY DIAGNOSIS FOLLOW-UP

Instructions: Please answer the questions as fully as possible. All testing refers to confirmatory testing following newborn screening. You may need to consult with relevant clinician(s) and/or medical staff to obtain this information.

Please answer the following as Yes/No/Don't Know	If Yes
<p>Were plasma organic acids tested?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	<p>Was plasma Succinylacetone level</p> <p><input type="checkbox"/> Elevated</p> <p><input type="checkbox"/> Normal</p> <p><input type="checkbox"/> Unknown</p> <p>Was plasma tyrosine level</p> <p><input type="checkbox"/> Elevated</p> <p><input type="checkbox"/> Normal</p> <p><input type="checkbox"/> Unknown</p>
<p>Were urine organic acids tested?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	<p>Was urine Succinylacetone level</p> <p><input type="checkbox"/> Elevated</p> <p><input type="checkbox"/> Normal</p> <p><input type="checkbox"/> Unknown</p> <p>Was urine tyrosine level</p> <p><input type="checkbox"/> Elevated</p> <p><input type="checkbox"/> Normal</p> <p><input type="checkbox"/> Unknown</p>
<p>Was mutation analysis performed for Tyrosinemia Type I?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	<p>What genes were included in the mutation analysis?</p> <p><input type="checkbox"/> FAH</p> <p><input type="checkbox"/> Other: _____</p>

Molecular Genetics Report

Were variants detected in FAH?

- Yes
- No
- Don't Know

Check the types of variants found on:

Allele 1:

- Variant known to be disease causing
- Variant of unknown significance
 - Predicted to be pathogenic
- Wild Type (Normal)
- Unknown

Allele 2:

- Variant known to be disease causing
- Variant of unknown significance
 - Predicted to be pathogenic
- Wild Type (Normal)
- Unknown

Were variants detected in Other genes?

- Yes
- No
- Don't Know

Check the types of variants found on:

Allele 1:

- Variant known to be disease causing
- Variant of unknown significance
 - Predicted to be pathogenic
- Wild Type (Normal)
- Unknown

Allele 2:

- Variant known to be disease causing
- Variant of unknown significance
 - Predicted to be pathogenic
- Wild Type (Normal)
- Unknown

Was enzyme analysis for Tyrosinemia Type I enzyme activity completed?

- Yes
- No
- Don't Know

Was enzyme analysis:

- Consistent with disease
- Normal activity (not consistent with disease)
- Unknown

CONGENITAL HYPOTHYROIDISM (CH) CASE CONFIRMATORY DIAGNOSIS FOLLOW-UP

Instructions: Please answer the questions as fully as possible. All testing refers to confirmatory testing following newborn screening. You may need to consult with relevant clinician(s) and/or medical staff to obtain this information.

Final diagnosis as determined by the endocrinologist or clinician performing the follow-up:

Please choose one:

- A. Primary Congenital Hypothyroidism
- B. Secondary Congenital Hypothyroidism
- C. TBG Deficiency (Thyroxine Binding Globulin) or other protein binding defect

Please answer the following as Yes/No/Don't Know	If Yes
<p>Was Serum TSH tested?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	<p>What was the level:</p> <p><input type="checkbox"/> TSH > 10 mU/L</p> <p><input type="checkbox"/> TSH 6-10 mU/L</p> <p><input type="checkbox"/> TSH <6 mU/L</p> <p><input type="checkbox"/> Unknown</p> <p>Was it tested before initiation of treatment?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p>
<p>Was Serum Total T4 tested?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	<p>Was Serum Total T4 below the age-established reference range?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p> <p>Was it tested before initiation of treatment?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p>
<p>Was Serum <u>Free</u> T4 tested?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	<p>Was Serum <u>Free</u> T4 below the age-established reference range?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p> <p>Was it tested before initiation of treatment?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p>

<p>Does this baby have other pituitary hormone deficiencies?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	
<p>Does this baby have midline defects?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	
<p>Was TBG tested?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p> <p>Was T3 or T4 resin uptake tested?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	<p>Was TBG below the age established reference range?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p> <p>Was T3 or T4 resin uptake above the age established reference range?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p>

CONGENITAL ADRENAL HYPERPLASIA (CAH) CASE CONFIRMATORY DIAGNOSIS FOLLOW-UP

Instructions: Please answer the questions as fully as possible. All testing refers to confirmatory testing following newborn screening. You may need to consult with relevant clinician(s) and/or medical staff to obtain this information.

Final diagnosis as determined by the endocrinologist or clinician performing the follow-up:

Please Choose One:

- A. Classic 21-Hydroxylase Deficiency- Salt Wasting
- B. Classic 21-Hydroxylase Deficiency- Simple Virilizing
- C. Other Adrenal disorder: (Please list) _____

Please answer the following as Yes/No/Don't Know	If Yes
<p>Was a confirmatory serum 17-OHP level obtained?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	<p>Was there a value at baseline:</p> <p><input type="checkbox"/> 10,000 ng/dl;</p> <p><input type="checkbox"/> 1000-10,000 ng/dl;</p> <p><input type="checkbox"/> < 1000 ng/dl;</p> <p><input type="checkbox"/> Unknown</p> <p>Was it tested before initiation of treatment?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>Was there a result after ACTH stimulation:</p> <p><input type="checkbox"/> 10,000 ng/dl;</p> <p><input type="checkbox"/> 1000-10,000 ng/dl;</p> <p><input type="checkbox"/> < 1000 ng/dl;</p> <p><input type="checkbox"/> Unknown</p> <p>Was it tested before initiation of treatment?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>Was tandem mass spectrometry urinary steroid profile obtained?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	<p>Were the urinary spectrometry steroid profile results:</p> <p><input type="checkbox"/> Indicative of 21-Hydroxylase Deficiency CAH</p> <p><input type="checkbox"/> Unknown</p>

<p>Was serum sodium level measured before initiation of treatment?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	<p>Was the sodium level:</p> <p><input type="checkbox"/> < 135 mEq/L</p> <p><input type="checkbox"/> > 135 mEq/L</p> <p><input type="checkbox"/> Unknown</p> <p>Was it tested before initiation of treatment?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>Was Plasma renin activity level measured at time of initiation of treatment?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	<p>Was the Plasma renin activity normal for age?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p>Was it tested before initiation of treatment?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
MOLECULAR GENETICS REPORT	
<p>Was mutation analysis for 21-Hydroxylase deficiency (CYP21A2) performed?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	<p>Check the types of variants found on:</p> <p><i>Allele 1:</i></p> <p><input type="checkbox"/> Variant known to be disease causing</p> <p><input type="checkbox"/> Variant of unknown significance</p> <p style="padding-left: 20px;"><input type="checkbox"/> Predicted to be pathogenic</p> <p><input type="checkbox"/> Wild Type (Normal)</p> <p><input type="checkbox"/> Unknown</p> <p><i>Allele 2:</i></p> <p><input type="checkbox"/> Variant known to be disease causing</p> <p><input type="checkbox"/> Variant of unknown significance</p> <p style="padding-left: 20px;"><input type="checkbox"/> Predicted to be pathogenic</p> <p><input type="checkbox"/> Wild Type (Normal)</p> <p><input type="checkbox"/> Unknown</p>
CLINICAL RESULTS	
<p>Is there evidence of salt wasting? (e.g. shock or severe failure to thrive)?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	
<p>Is there supportive clinical or laboratory evidence of CAH?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	<p>Is the evidence: (check all that apply)</p> <p><input type="checkbox"/> Ambiguous genitalia, with 46,XX karyotype</p> <p><input type="checkbox"/> Normal genitalia, with 46,XY karyotype</p> <p><input type="checkbox"/> Other hormonal evidence of CAH</p>

Presence of Hb S

CASE CONFIRMATORY DIAGNOSIS FOLLOW-UP

Instructions: Please answer the questions as fully as possible. All testing refers to confirmatory testing following newborn screening. You may need to consult with relevant clinician(s) and/or medical staff to obtain this information.

Please answer the following:	If Yes
<p>Final Diagnosis as determined by a clinician performing the follow-up</p> <p><input type="checkbox"/> S, Beta + Thalassemia – Hb S/B + Th</p> <p><input type="checkbox"/> S, C disease – Hb S/C</p> <p><input type="checkbox"/> Sickle Cell Disease, Hb S only</p> <p><input type="checkbox"/> S,S Disease (Sickle Cell Anemia) – Hb SS</p> <p><input type="checkbox"/> S, Beta 0-thalassemia – Hb S/B0Th</p> <p><input type="checkbox"/> Not Known</p> <p><input type="checkbox"/> S, other</p>	
<p>Was qualitative (IEF or HPLC) testing completed?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p>	<p>What were the results?</p> <p><input type="checkbox"/> FS</p> <p><input type="checkbox"/> FSC</p> <p><input type="checkbox"/> FSA</p> <p><input type="checkbox"/> FSA₂</p> <p><input type="checkbox"/> FSAA₂</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Unknown</p>
<p>Was quantitative (HPLC or electrophoresis) testing completed?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p>	<p>What were the results?</p> <p><input type="checkbox"/> FS</p> <p><input type="checkbox"/> FSC</p> <p><input type="checkbox"/> FS with high A₂</p> <p><input type="checkbox"/> FSA with high A₂</p> <p><input type="checkbox"/> FSA</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Unknown</p>

<p>Was mutation analysis performed?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p>	<p>Check the type of variant found on allele 1:</p> <p><input type="checkbox"/> S</p> <p><input type="checkbox"/> C</p> <p><input type="checkbox"/> Beta + Thal</p> <p><input type="checkbox"/> Beta⁰ Thal</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Unknown</p> <p>Check the type of variant found on allele 2:</p> <p><input type="checkbox"/> S</p> <p><input type="checkbox"/> C</p> <p><input type="checkbox"/> Beta + Thal</p> <p><input type="checkbox"/> Beta⁰ Thal</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Unknown</p>
<p>NBS result</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p>	<p>What were the results?</p> <p><input type="checkbox"/> FS</p> <p><input type="checkbox"/> FSC</p> <p><input type="checkbox"/> FSA</p> <p><input type="checkbox"/> FSA₂</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Unknown</p>
<p>Was a CBC performed?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p>	<p>What were the results?</p> <p><input type="checkbox"/> Normal – high MCV</p> <p><input type="checkbox"/> Low MCV</p> <p><input type="checkbox"/> Unknown</p>
<p>Were family studies (in parents) done?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p>	<p>What were the results?</p> <p>Maternal Status:</p> <p><input type="checkbox"/> Carrier S</p> <p><input type="checkbox"/> Carrier C</p> <p><input type="checkbox"/> Carrier Beta + Thal</p> <p><input type="checkbox"/> Carrier Beta⁰ Thal</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Unknown</p> <p>Paternal Status:</p> <p><input type="checkbox"/> Carrier S</p> <p><input type="checkbox"/> Carrier C</p> <p><input type="checkbox"/> Carrier Beta + Thal</p> <p><input type="checkbox"/> Carrier Beta⁰ Thal</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Unknown</p>

<p>Was there a positive family history?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p>	
<p>Were HPLC & IEF tested on the same sample from the infant?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p>	<p>What were the results?</p> <p><input type="checkbox"/> FS</p> <p><input type="checkbox"/> FSC</p> <p><input type="checkbox"/> FSA₂</p> <p><input type="checkbox"/> FSAA₂</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Unknown</p>
<p>Were Hgb tests (electrophoresis or HPLC) performed on family members?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p>	<p>What were the results?</p> <p><input type="checkbox"/> Positive</p> <p><input type="checkbox"/> Negative</p> <p><input type="checkbox"/> Unknown</p>

Presence of Other Hb Variant CASE CONFIRMATORY DIAGNOSIS FOLLOW-UP

Instructions: Please answer the questions as fully as possible. All testing refers to confirmatory testing following newborn screening. You may need to consult with relevant clinician(s) and/or medical staff to obtain this information.

Please answer the following:	If Yes
Final Diagnosis as determined by a clinician performing the follow-up <input type="checkbox"/> Hemoglobin C disease <input type="checkbox"/> Hemoglobin D disease <input type="checkbox"/> Hemoglobin E disease <input type="checkbox"/> Hemoglobin O-Arab disease <input type="checkbox"/> Other hemoglobin disease, please describe	
Alpha thalassemia present? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Was qualitative (IEF or HPLC) testing completed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	What were the results? <input type="checkbox"/> FC <input type="checkbox"/> FD <input type="checkbox"/> FE <input type="checkbox"/> FO _{ARAB} <input type="checkbox"/> Other <input type="checkbox"/> Unknown
Was quantitative (HPLC or electrophoresis) testing completed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	What were the results? <input type="checkbox"/> FC <input type="checkbox"/> FD <input type="checkbox"/> FE <input type="checkbox"/> FO _{ARAB} <input type="checkbox"/> Other <input type="checkbox"/> Unknown

<p>Was mutation analysis performed?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p>	<p>Check the type of variant found on allele 1:</p> <p><input type="checkbox"/> C</p> <p><input type="checkbox"/> D</p> <p><input type="checkbox"/> E</p> <p><input type="checkbox"/> O-Arab</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Unknown</p> <p>Check the type of variant found on allele 2:</p> <p><input type="checkbox"/> C</p> <p><input type="checkbox"/> D</p> <p><input type="checkbox"/> E</p> <p><input type="checkbox"/> O-Arab</p> <p><input type="checkbox"/> Beta + Thal</p> <p><input type="checkbox"/> Beta⁰ Thal</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Unknown</p>
<p>NBS result</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p>	<p>What were the results?</p> <p><input type="checkbox"/> FC</p> <p><input type="checkbox"/> FD</p> <p><input type="checkbox"/> FE</p> <p><input type="checkbox"/> FO_{ARAB}</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Unknown</p>
<p>Was a CBC performed?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p>	<p>What were the results?</p> <p><input type="checkbox"/> Normal – high MCV</p> <p><input type="checkbox"/> Low MCV</p> <p><input type="checkbox"/> Unknown</p>

<p>Were family studies (in parents) done?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p>	<p>What were the results?</p> <p>Maternal Status:</p> <p><input type="checkbox"/> Carrier C</p> <p><input type="checkbox"/> Carrier D</p> <p><input type="checkbox"/> Carrier E</p> <p><input type="checkbox"/> Carrier O-Arab</p> <p><input type="checkbox"/> Carrier Beta + Thal</p> <p><input type="checkbox"/> Carrier Beta⁰ Thal</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Unknown</p> <p>Paternal Status:</p> <p><input type="checkbox"/> Carrier C</p> <p><input type="checkbox"/> Carrier D</p> <p><input type="checkbox"/> Carrier E</p> <p><input type="checkbox"/> Carrier O-Arab</p> <p><input type="checkbox"/> Carrier Beta + Thal</p> <p><input type="checkbox"/> Carrier Beta⁰ Thal</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Unknown</p>
<p>Was there a positive family history?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p>	
<p>Were Hgb tests (electrophoresis or HPLC) performed on family members?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p>	<p>What were the results?</p> <p><input type="checkbox"/> Positive</p> <p><input type="checkbox"/> Negative</p> <p><input type="checkbox"/> Unknown</p>

BIOTINIDASE DEFICIENCY CASE CONFIRMATORY DIAGNOSIS FOLLOW-UP

Instructions: Please answer the questions as fully as possible. All testing refers to confirmatory testing after newborn screening has occurred. Attach a copy of the laboratory reports supporting these findings. The reports will be stored within the newborn screening program for future reference.

Final Diagnosis as determined by metabolic geneticist or clinician performing the follow-up

- D. Profound Biotinidase deficiency
- E. Partial Biotinidase deficiency

Please answer the following as Yes/No/Don't Know	If Yes
<p>Was enzyme analysis for biotinidase enzyme activity completed?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	<p>What as the enzyme activity?</p> <p><input type="checkbox"/> <10% normal activity</p> <p><input type="checkbox"/> 10-30% normal activity</p> <p><input type="checkbox"/> Normal</p> <p><input type="checkbox"/> Unknown</p>
<p>Was mutation analysis performed for Biotinidase deficiency?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	<p>Check the types of variants found on:</p> <p><i>Allele 1:</i></p> <p><input type="checkbox"/> Variant known to be disease causing</p> <p style="padding-left: 20px;"><input type="checkbox"/> Known to be associated with profound enzyme deficiency</p> <p style="padding-left: 20px;"><input type="checkbox"/> Known to be associated with partial enzyme deficiency ['mild' mutation (D444H)]</p> <p><input type="checkbox"/> Variant of unknown significance</p> <p style="padding-left: 20px;"><input type="checkbox"/> Predicted to be pathogenic</p> <p><input type="checkbox"/> Wild Type (Normal)</p> <p><input type="checkbox"/> Unknown</p> <p><i>Allele 2:</i></p> <p><input type="checkbox"/> Variant known to be disease causing</p> <p style="padding-left: 20px;"><input type="checkbox"/> Known to be associated with profound enzyme deficiency</p> <p style="padding-left: 20px;"><input type="checkbox"/> Known to be associated with partial enzyme deficiency ['mild' mutation (D444H)]</p> <p><input type="checkbox"/> Variant of unknown significance</p> <p style="padding-left: 20px;"><input type="checkbox"/> Predicted to be pathogenic</p> <p><input type="checkbox"/> Wild Type (Normal)</p> <p><input type="checkbox"/> Unknown</p>

GALACTOSEMIA

CASE CONFIRMATORY DIAGNOSIS FOLLOW-UP

Instructions: Please answer the questions as fully as possible. All testing refers to confirmatory testing after newborn screening has occurred. Attach a copy of the laboratory reports supporting these findings. The reports will be stored within the newborn screening program for future reference.

Please answer the following as Yes/No/Don't Know	If Yes
Were GALT levels tested? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	Was GALT level <input type="checkbox"/> <10% <input type="checkbox"/> 10-30% <input type="checkbox"/> Normal <input type="checkbox"/> Unknown
Were Gal-1-P tested? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	Was Gal-1-P level <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown
Was Urine Galactitol tested? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	Was Gal-1-P level <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown
Was a mutation analysis performed for Galactosemia? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know	Check the types of variants found on: <i>Allele 1:</i> <input type="checkbox"/> Variant known to be disease causing <input type="checkbox"/> Variant of unknown significance ○ Predicted to be pathogenic <input type="checkbox"/> Wild Type (Normal) <input type="checkbox"/> Unknown <i>Allele 2:</i> <input type="checkbox"/> Variant known to be disease causing <input type="checkbox"/> Variant of unknown significance ○ Predicted to be pathogenic <input type="checkbox"/> Wild Type (Normal) <input type="checkbox"/> Unknown
If Variant Galactosemia, was protein phenotyping completed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know <input type="checkbox"/> N/A	Did result indicate <input type="checkbox"/> phenotype consistent with variant <input type="checkbox"/> phenotype NOT consistent with variant <input type="checkbox"/> Unknown

<p>If Arginase Deficiency, were enzyme studies completed?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p> <p><input type="checkbox"/> N/A</p>	<p>Was enzyme activity:</p> <p><input type="checkbox"/> Consistent with disease</p> <p><input type="checkbox"/> Normal activity (not consistent with disease)</p> <p><input type="checkbox"/> Unknown</p>
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CYSTIC FIBROSIS CASE CONFIRMATORY DIAGNOSIS FOLLOW-UP

Instructions: Please answer the questions as fully as possible. All testing refers to confirmatory testing after newborn screening has occurred. Attach a copy of the laboratory reports supporting these findings. The reports will be stored within the newborn screening program for future reference.

Please choose one:

- D. Typical Cystic Fibrosis (CF)
- E. CFTR-Related Metabolic Syndrome (CRMS)
- F. CFTR Related Disease

Please answer the following as Yes/No/Don't Know	If Yes
<p>Did the NBS result indicate an elevated IRT?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	
<p>Were CFTR mutations detected on the newborn screening mutation panel?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p> <p>(* Mutations seen in patients with CF have been classified as disease-causing, neutral, or varying clinical consequences through the CFTR2 project: http://cftr2.org/browse.php. Additional information about the mutation and the association with lower sweat chlorides can also be found at CFTR2.)</p>	<p>Check the types of variants found on:</p> <p><i>Allele 1:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Variant known to be disease causing in CFTR2 <ul style="list-style-type: none"> <input type="checkbox"/> Shown to be associated with lower sweat chlorides <input type="checkbox"/> Neutral variant <input type="checkbox"/> Variant of varying clinical consequence in CFTR2 <input type="checkbox"/> Wild Type (Normal) <input type="checkbox"/> Unknown (not reported in CFTR2) <p><i>Allele 2:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Variant known to be disease causing in CFTR2 <ul style="list-style-type: none"> <input type="checkbox"/> Shown to be associated with lower sweat chlorides <input type="checkbox"/> Neutral variant <input type="checkbox"/> Variant of varying clinical consequence in CFTR2 <input type="checkbox"/> Wild Type (Normal) <input type="checkbox"/> Unknown (not reported in CFTR2)
<p>Did the child have meconium ileus?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	

<p>Was a valid sweat chloride result available?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	<p>What were the sweat test results (please report the highest sweat chloride value from one sweat test)?</p> <p><input type="checkbox"/> ≥ 60 mmol/L (regardless of age)</p> <p>If < 60 mmol/L</p> <p> If age < 6 months</p> <p> <input type="checkbox"/> < 30 mmol/L</p> <p> <input type="checkbox"/> 30-59 mmol/L</p> <p> If age ≥ 6 months</p> <p> <input type="checkbox"/> < 40 mmol/L</p> <p> <input type="checkbox"/> 40 -59 mmol/L</p> <p><input type="checkbox"/> Quantity Not Sufficient</p>
<p>If a valid sweat test was not available, were there attempts to obtain a sweat chloride that were quantity not sufficient (QNS)?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	
<p>Was a sweat chloride repeated on a separate day (results from different arm on the same day should not be reported here)?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't Know</p>	<p>What were the repeat sweat test results (please report the highest sweat chloride value from one sweat test)?</p> <p><input type="checkbox"/> ≥ 60 mmol/L (regardless of age)</p> <p>If < 60 mmol/L</p> <p> If age < 6 months</p> <p> <input type="checkbox"/> < 30 mmol/L</p> <p> <input type="checkbox"/> 30-59 mmol/L</p> <p> If age ≥ 6 months</p> <p> <input type="checkbox"/> < 40 mmol/L</p> <p> <input type="checkbox"/> 40 -59 mmol/L</p>

<p>Was a CFTR mutation panel completed after the newborn screening mutation panel?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know</p> <p>(* Mutations seen in patients with CF have been classified as disease-causing, neutral, or varying clinical consequences through the CFTR2 project: http://cftr2.org/browse.php. Additional information about the mutation and the association with lower sweat chlorides can also be found at CFTR2.)</p>	<p>Check the types of variants found on:</p> <p><i>Allele 1:</i></p> <p><input type="checkbox"/> Variant known to be disease causing in CFTR2 <input type="checkbox"/> Shown to be associated with lower sweat chlorides</p> <p><input type="checkbox"/> Neutral variant <input type="checkbox"/> Variant of varying clinical consequence in CFTR2 <input type="checkbox"/> Wild Type (Normal) <input type="checkbox"/> Unknown (not reported in CFTR2)</p> <p><i>Allele 2:</i></p> <p><input type="checkbox"/> Variant known to be disease causing in CFTR2 <input type="checkbox"/> Shown to be associated with lower sweat chlorides</p> <p><input type="checkbox"/> Neutral variant <input type="checkbox"/> Variant of varying clinical consequence in CFTR2 <input type="checkbox"/> Wild Type (Normal) <input type="checkbox"/> Unknown (not reported in CFTR2)</p>
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Question Below to be answered only if child was diagnosed after the newborn period

<p>If child was diagnosed after the newborn period, were clinical symptoms associated with CFTR Related Disease present?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't Know</p>	<p>Symptoms include:</p> <p><input type="checkbox"/> CBAVD <input type="checkbox"/> Recurrent pancreatitis <input type="checkbox"/> Nasal polyposis <input type="checkbox"/> Infertility <input type="checkbox"/> Focal biliary cirrhosis with portal hypertension</p>
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Summary of common variants as reported on CFTR2 (this is not an exhaustive list; please visit www.CFTR2.org for the latest updated list).

Variant name - HGVS nomenclature	Protein name	Variant legacy name	On ACMG Screening Panel	CFTR2 final call	Associated with lower sweat chloride
c.3717+12191C>T	p.Phe316LeufsX12	1078delT	No	CF-causing	NO
c.579+3A>G	p.Phe342HisfsX28	1154insTC	No	CF-causing	NO
c.3454G>C	No protein name	1717-1G->A	Yes	CF-causing	NO
c.3208C>T	No protein name	1811+1.6kbA->G	No	CF-causing	NO
c.3154T>G	No protein name	1898+1G->A	Yes	CF-causing	NO
c.1585-1G>A	p.Leu671X	2143delT	No	CF-causing	NO
c.1680-1G>A	p.Lys684SerfsX38	2183AA->G	No	CF-causing	NO
c.1766+1G>A	p.Lys684AsnfsX38	2184delA	Yes	CF-causing	NO
c.2490+1G>A	p.Gln685ThrfsX4	2184insA	No	CF-causing	NO
c.2988+1G>A	p.Glu726ArgfsX4	2307insA	No	CF-causing	NO
c.1736A>G	No protein name	2789+5G->A	Yes	CF-causing	NO
c.1408A>G	No protein name	3120+1G->A	Yes	CF-causing	NO
c.1841A>G	No protein name	3120G->A	No	CF-causing	NO
c.2991G>C	No protein name	3272-26A->G	No	CF-causing	NO
c.489+1G>T	p.Lys1177SerfsX15	3659delC	Yes	CF-causing	NO
c.350G>A	No protein name	3849+10kbC->T	Yes	CF-causing	NO
c.4242+1G>T	p.Leu1258PhefsX7	3905insT	No	CF-causing	NO
c.3718-1G>A	p.Leu881lefsX22	394delTT	No	CF-causing	NO
c.1240C>T	No protein name	5T	No	Indeterminate	YES
c.2260G>A	No protein name	621+1G->T	Yes	CF-causing	NO
c.1727G>C	No protein name	711+1G->T	Yes	CF-causing	NO
c.220C>T	No protein name	711+5G->A	No	CF-causing	NO
c.2834C>T	p.Ala455Glu	A455E	Yes	CF-causing	NO
c.1675G>A	p.Ala559Thr	A559T	No	CF-causing	NO
c.1127_1128insA	p.Ser18ArgfsX16	CFTRdele2,3	No	CF-causing	NO
c.1202G>A or c.1203G>A	p.Asp1152His	D1152H	No	Indeterminate	YES
c.1923_1931del9insA	p.Glu60X	E60X	No	CF-causing	NO
c.1679G>C	p.Phe508del	F508del	Yes	CF-causing	NO
c.3160C>G	p.Gly1244Glu	G1244E	No	CF-causing	NO
c.4046G>A	p.Gly178Glu	G178R	No	CF-causing	NO
c.4196_4197del1TC	p.Gly542X	G542X	Yes	CF-causing	NO
c.3731G>A	p.Gly551Asp	G551D	Yes	CF-causing	NO
c.3197G>A	p.Gly85Glu	G85E	Yes	CF-causing	NO
c.2657+2_2657+3insA	p.Ile1027Thr	I1027T	No	Not CF-causing	NO
c.1673T>C	p.Ile148Thr	I148T	No	Not CF-causing	NO



c.3763T>C	p.Ile336Lys	I336K	No	CF-causing	NO
c.1558G>T	p.Ile507del	I507del	Yes	CF-causing	NO
c.3230T>C	p.Leu1077Pro	L1077P	No	CF-causing	NO
c.1040G>A	p.Leu206Trp	L206W	No	CF-causing	NO
c.3302T>A	p.Met1101Lys	M1101K	No	CF-causing	NO
c.274G>A	p.Asn1303Lys	N1303K	Yes	CF-causing	NO
c.617T>G	p.Pro67Leu	P67L	No	CF-causing	NO
c.2764_2765insAG	p.Gln220X	Q220X	No	CF-causing	NO
c.1973_1985del13insAGAA A	p.Gln493X	Q493X	No	CF-causing	NO
c.3196C>T	p.Arg1066Cys	R1066C	No	CF-causing	NO
c.4296_4297insGA	p.Arg1158X	R1158X	No	CF-causing	NO
c.1692delA	p.Arg1162X	R1162X	Yes	CF-causing	NO
c.1055G>A	p.Arg117Cys	R117C	No	CF-causing	NO
c.1466C>A	p.Arg117His	R117H	Yes	Indeterminate	YES
c.1013C>T	p.Arg334Trp	R334W	Yes	CF-causing	NO
c.532G>A	p.Arg347His	R347H	Yes	CF-causing	NO
c.1040G>C	p.Arg347Pro	R347P	No	CF-causing	NO
c.2908G>C	p.Arg352Gln	R352Q	No	CF-causing	NO
c.2424_2425insAT	p.Arg553X	R553X	Yes	CF-causing	NO
c.2780T>C	p.Arg560Thr	R560T	Yes	CF-causing	NO
c.349C>T	p.Ser1251Asn	S1251N	No	CF-causing	NO
c.1000C>T	p.Ser549Asn	S549N	No	CF-causing	NO
c.3752G>A	p.Ser945Leu	S945L	No	CF-causing	NO
c.1645A>C or c.1647T>G	p.Val520Phe	V520F	No	CF-causing	NO
c.274G>T	p.Trp1282X	W1282X	Yes	CF-causing	NO
c.2128A>T	p.Tyr1092X	Y1092X	No	CF-causing	NO
c.2195T>G	p.Tyr122X	Y122X	No	CF-causing	NO