Motherland HOSPITAL

MAX Lab

Laboratory Investigation Report

Patient Name	: B/O Priyanka Kaushal Jaiswal	Centre	: 896 - Motherland Hospital
Age/Gender	: 0 Y 0 M 3 D /M	OP/IP No	: IP/21-22-1515/2ND F
Max ID/Mobile	: ML01331065/	Collection Date/Time	: 04/Aug/2021 04:14PM
Lab ID	: 0584082100172	Receiving Date	: 04/Aug/2021
Ref Doctor	: Dr.Mukesh Kumar	Reporting Date	: 10/Aug/2021

Clinical Biochemistry Special

Test Name	Result	Unit	Bio Ref Interval
Newborn Screen, 7 test (CH, CAH, G6PD, CF, PKU, GLA & BIO)*, Special Card			
Fluoro Immunoassay			
TSH, Neonatal	6.4	mIU/L	< 10.0
17-OHP, Neonatal	22.6	ng/mL	< 60.6
G6PD	9.90	U/g Hb	> 2.0
IRT, Neonatal	13.70	ng/mL	< 70.0
Phenylalanine, Neonatal	48.7	µmol/L	< 120
Galactose, Neonatal	10.9	mg/dL	< 20.0
Biotinidase, Neonatal	146.4	Units	> 59.0

Ref Range **Interpretation:**

New Born Screening is aimed at early identification of conditions or diseases for which timely intervention can result in elimination or reduction of morbidity, mortality or disabilities

Phenylalanine (PHE) is increased in Phenylketonuria (PKU), Hyperphenylalaninemia, immature liver of prematurity and in genetic liver diseases including tyrosinemia. Failure to have adequate intake of protein prior to the test can cause false negative result. A definite clinical diagnosis should not be based on result of any single test. Recommended Plasma Phenylalanine by Ion Exchange or LC-MS/MS method for confirmation

Galactose (GAL) is increased with the deficiency of any one of three erythrocyte enzymes: Galactose - 1 – P – Uridyl transferase (Classic Galactosemia), Galactokinase, or UDP Galactose – 4 – Epimerase. Failure to have breast milk can cause false negative results. Results must be clinically correlated. Recommended Galactose – 1 – Phosphatase Uridyl Transferase activity, UDP Galactose – 4 – Epimerase and Galactokinase in RBC for confirmation

Biotinidase (BIO) The test is used to diagnose Biotinidase deficiency disorder which can cause Alopecia, Periorifacial Skin Rash, Conjunctivitis, Developmental Delay and Hypotonia. Recommended Urine Biotin & 3 – Hydroxy Iso valeric Acid by GC-MS method

17 – Hydroxyprogesterone (17 – OHP) is increased in Congenital Adrenal Hyperplasia (CAH), suspected cases of Adrenogenital Virilism. The 17 – OHP Values can vary with age, weight or with maturity status. Positive results are to be confirmed by Serum 17 – OH Progesterone.

Immunoreactive Trypsinogen (IRT) is increased in neonates with Cystic Fibrosis (CF). Values decrease with disease progression. Diagnosis of CF is to be confirmed by Repeat test 1 to 3 weeks later or Cystic Fibrosis Mutation Detection genetic test.

Thyroid Stimulating Hormone (TSH) is useful for detection of Congenital Hypothyroidism (CH). Serum TSH and Free T4 is recommended for confirmation

Glucose – 6 – Phosphate Dehydrogenase (G – 6 – PD) deficiency in blood can cause hemolytic anemia and neonatal jaundice. Hemolytic anemia can also be caused after ingestion of drugs like antimalarial in G6PD deficiency. Recommended Whole Blood G – 6 PD Test or G6PD Gene Mutation Detection for confirmation

SIN No:b2b978206, Test Performed at :910 - Max Hospital - Saket M S S H, Press Enclave Road, Mandir Marg, Saket, New Delhi, Delhi 110017
Booking Centre :896 - Motherland Hospital, Motherland hospital Sec-119, 9015112729
The authenticity of the report can be verified by scanning the Q R Code on top of the page

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Clinical Biochemistry Special

Test Name	Result	Unit	Bio Ref Interval

Kindly correlate with clinical findings

*** End Of Report ***

Dr. Poonam. S. Das, M.D.
Principal Director-
Max Lab & Blood Bank Services

Dr. Dilip Kumar M.D.
Associate Director &
Manager Quality

Dr. Nitin Dayal, M.D.
Principal Consultant & Head,
Haematopathology

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