



**NewSTEPS**

A Program of the Association of Public Health Laboratories™

# **Template Map for the Case Import File**

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## INSTRUCTIONS

This template map provides variable names and acceptable values for the [case import file](#). This import file is one of the two options for newborn screening programs to enter individual cases into the NewSTEPS Repository. The other option is to use the [online webform](#).

The [case import file](#) contains the common demographic and screening variables that are asked for all conditions. It also contains final diagnosis for certain conditions. General instructions to use the import file include:

- Required fields are indicated below; these variables must have an acceptable value entered in order for the import to work
- For fields that are not required, the variable or column is also not required
  - For non-required variables/columns included in the CSV file, enter an acceptable value or leave empty
- Variables/columns may be in any order
- Each row is unique to the case/baby; please be sure to select the correct condition, this includes secondary conditions

Download the [case import file](#), enter the data that is being reported, and save the document as a CSV file to your desktop. To import the file into the repository, select **Choose File** on the right-hand side of the screen. The File Explorer for your desktop will appear and the desired file can be selected. Next, select **Submit CSV** to import the file. If data isn't formatted correctly, the import will not be accepted.

Common errors in import files include:

- Abbreviation of the state or territory name; please spell out
- Conditions not spelled correctly or use the correct format; it is suggested that you copy and paste directly from this template map and only abbreviate conditions found on page 6
- NULL versus true zero: only enter zero when the value is a true zero, otherwise leave the cell empty

## INFANT DEMOGRAPHIC INFORMATION

**state** –name of the state/territorial newborn screening program, REQUIRED\*

Acceptable values:

- Alabama
- Alaska
- America Samoa
- Arizona
- Arkansas
- California
- Colorado
- Connecticut
- Commonwealth of the Northern Mariana Islands
- Delaware
- District of Columbia
- Florida
- Georgia
- Guam
- Hawaii
- Idaho
- Illinois
- Indiana
- Iowa
- Kansas
- Kentucky
- Louisiana
- Maine
- Maryland
- Massachusetts
- Michigan
- Minnesota
- Mississippi
- Missouri
- Montana
- Nebraska
- Nevada
- New Hampshire
- New Jersey
- New Mexico
- New York
- North Carolina
- North Dakota
- Ohio
- Oklahoma
- Oregon
- Pennsylvania
- Puerto Rico
- Rhode Island
- South Carolina
- South Dakota
- Tennessee
- Texas
- US Virgin Islands
- Utah
- Vermont
- Virginia
- Washington
- West Virginia
- Wisconsin
- Wyoming

**birthYear** - The year in which the birth occurred, REQUIRED\*

**stateUniqueld** - The unique identifier assigned to the case by the state, REQUIRED\*

**condition** - Name of condition, REQUIRED\*

Acceptable values:

- 2,4 Dienoyl-CoA reductase deficiency - DE RED
- 2-Methyl-3-hydroxybutyric aciduria - 2M3HBA
- 2-Methylbutyrylglycinuria - 2MBG
- 3-Hydroxy-3-methylglutaric aciduria - HMG
- 3-Methylcrotonyl-CoA carboxylase deficiency - 3-MCC
- 3-Methylglutaconic aciduria - 3MGA
- Argininemia – ARG
- Argininosuccinic aciduria – ASA
- Beta-Ketothiolase deficiency – BKT
- Biopterin defect in cofactor biosynthesis - BIOPT (BS)
- Biopterin defect in cofactor regeneration - BIOPT (RG)
- Biotinidase deficiency – BIOT
- Carbamoyl phosphate synthetase I deficiency – CPS
- Carnitine acylcarnitine translocase deficiency – CACT
- Carnitine palmitoyltransferase type I deficiency - CPT IA
- Carnitine palmitoyltransferase type II deficiency - CPT II

- Carnitine uptake defect/carnitine transport defect – CUD
- Citrullinemia, type I – CIT
- Citrullinemia, type II – CITII
- Classic galactosemia – GALT
- Classic PKU & Hyperphe
- Congenital Toxoplasmosis – TOXO
- Congenital adrenal hyperplasia – CAH
- Congenital hypothyroidism – CH
- Critical congenital heart disease – CCHD
- Cystic fibrosis – CF
- Cytomegalovirus – CMV
- Ethylmalonic encephalopathy – EME
- Fabry
- Formiminoglutamic acidemia – FIGLU
- Galactoepimerase deficiency – GALE
- Galactokinase deficiency – GALK
- Gaucher
- Glucose-6-phosphate dehydrogenase deficiency - G6PDD/G6PD
- Glutaric acidemia type I - GA1
- Glutaric acidemia type II - GA2
- Guanidinoacetate Methyltransferase – GAMT
- Hb – No structural variant
- Hearing loss – HEAR
- Holocarboxylase synthetase deficiency – MCD
- Homocystinuria – HCY
- Human Immunodeficiency Virus - HIV Exposure
- Hypermethioninemia – MET
- Hyperornithinemia with Gyrate Deficiency - Hyper ORN
- Hyperornithinemia-hyperammonemia-homocitrullinemia syndrome - HHH
- Isobutyrylglycinuria - IBG
- Isovaleric acidemia - IVA
- Krabbe Disease
- Long-chain L-3 hydroxyacyl-CoA dehydrogenase deficiency - LCHAD
- Malonic acidemia - MAL
- Maple syrup urine disease - MSUD
- Medium-chain acyl-CoA dehydrogenase deficiency - MCAD
- Medium-chain ketoacyl-CoA thiolase deficiency - MCKAT
- Medium/short-chain L-3-hydroxyacyl-CoA dehydrogenase deficiency - M/SCHAD
- Methylmalonic acidemia (cobalamin disorders) - Cbl A,B
- Methylmalonic acidemia (methylmalonyl-CoA mutase) - MUT
- Methylmalonic acidemia with homocystinuria - Cbl C,D
- Mucopolysaccharidosis I - MPS I
- Mucopolysaccharidosis II - MPS II
- Niemann Pick
- Nonketotic Hyperglycinemia - NKH

- Ornithine transcarbamylase deficiency - OTC
- Pompe
- Presence of Hb S
- Presence of Other Hb Variant
- Prolinemia Type I/ Type II - PRO
- Propionic acidemia - PROP
- Pyroglutamic acidemia - 5-OXO
- Severe Combined Immunodeficiencies - SCID
- Short-chain acyl-CoA dehydrogenase deficiency - SCAD
- Spinal Muscular Atrophy – SMA
- T-cell related lymphocyte deficiencies
- Trifunctional protein deficiency - TFP
- Tyrosinemia, type I - TYR I
- Tyrosinemia, type II - TYR II
- Tyrosinemia, type III - TYR III
- Very long-chain acyl-CoA dehydrogenase deficiency - VLCAD
- X-linked Adrenoleukodystrophy
- Zellweger Syndrome

*Note: The following condition abbreviations can be used instead of using the entire **condition** name:*

- |           |          |
|-----------|----------|
| • 3-MCC   | • HEAR   |
| • ASA     | • HMG    |
| • BIOT    | • IVA    |
| • BKT     | • LCHAD  |
| • CAH     | • MCAD   |
| • Cbl A,B | • MCD    |
| • CCHD    | • MPS I  |
| • CF      | • MPS II |
| • CH      | • MSUD   |
| • CIT     | • MUT    |
| • CUD     | • Pompe  |
| • GA1     | • PROP   |
| • GALT    | • TFP    |
| • GAMT    | • TYR I  |
| • HCY     | • VLCAD  |

**gestationalAge** - the gestational age in weeks

**birthWeight** - the birth weight in grams

**biologicalGender** - the biological gender of the infant

Acceptable values: FEMALE, MALE, UNSPECIFIED, UNKNOWN

**ethnicity** - The ethnicity of the infant

Acceptable values:

- HISPANIC\_LATINO\_OR\_SPANISH,
- NOT\_HISPANIC\_LATINO\_OR\_SPANISH
- NOT\_REPORTED, UNKNOWN

*Note: only one value should be specified*

**race** – the race of the infant

Acceptable race values:

- ISLANDER
- ASIAN
- NATIVE\_AMERICAN
- BLACK\_OR\_AFRICAN\_AMERICAN
- WHITE
- UNKNOWN
- NOT\_REPORTED

*Note: If more than one value applies, separate each value with a colon (e.g., ISLANDER:WHITE)*

*Note: ISLANDER = Native Hawaiian or other Pacific Islander*

## SCREENING INFORMATION

**screeningIdentifyingRisk** - The screening result which indicated this infant was at risk for the disorder. Acceptable values:

- Initial Screen
- Second Required Screen
- Subsequent Screen

**prenatalTestForRisk** - Was prenatal testing done that indicated that this infant was at risk for this disorder? Acceptable values: TRUE, FALSE, UNKNOWN

**familyHistoryRisk** - Was there a family history that indicated that this infant was at risk for this disorder? Acceptable values: TRUE, FALSE, UNKNOWN

**diagnosedAfterNewbornScreening** - Was this individual not identified by newborn screening? Acceptable values: TRUE, FALSE, UNKNOWN

**missedDiagnosisReason** - The reason this diagnosis was not identified by newborn screening. *Note: should only be answered if diagnosedAfterNewbornScreening is TRUE*

Acceptable values:

- Parental Refusal
- Lost to follow-up after unsatisfactory specimen
- Biologic false negative / result within normal range
- Did not have a valid screen due to error
- Other

**otherMissedDiagnosisReason** – Text description of the missed diagnosis reason up to 254 characters long. *Note: should only be answered if missedDiagnosisReason is OTHER*

## INITIAL SPECIMEN COLLECTION INFORMATION

**birthToInitialSpecimenCollection** - hours between birth and initial specimen collection. Integer value. *Not specified for conditions "Critical congenital heart disease - CCHD", "Hearing loss - HEAR"*

**birthToInitialSpecimenCollectionIncludesTime** - Acceptable values: TRUE, FALSE *Note: TRUE signifies that the data available for the calculation of elapsed time included time as well as date*

**birthToInitialReceiptByLab** - Time elapsed from birth until the initial NBS specimen was received by the lab, in days (as measured by 24-hour periods since the birth). Integer value. *Not specified for conditions "Critical congenital heart disease - CCHD", "Hearing loss - HEAR"*

**birthToInitialReceiptByLabIncludesTime** - Acceptable value: TRUE, FALSE *Note: TRUE signifies that the data available for the calculation of elapsed time included time as well as date*

**birthToInitialResultRelease** - Time elapsed from birth until the release of out-of-range results as a result of the initial screen, in days (as measured by 24-hour periods since the birth). *Not specified for conditions "Critical congenital heart disease - CCHD", "Hearing loss - HEAR"*

**birthToInitialResultReleaseIncludesTime** - Acceptable value: TRUE, FALSE. *Note: TRUE signifies that the data available for the calculation of elapsed time included time as well as date*

## SUBSEQUENT SPECIMEN COLLECTION INFORMATION

**birthToSubsequentSpecimenCollection** - Time elapsed from birth until the subsequent NBS specimen was collected, in days (as measured by 24-hour periods since the birth). *Not specified for conditions "Critical congenital heart disease - CCHD", "Hearing loss - HEAR"*

**birthToSubsequentSpecimenCollectionIncludesTime** - Acceptable value: TRUE, FALSE *Note: TRUE signifies that the data available for the calculation of elapsed time included time as well as date*

**birthToSubsequentReceiptByLab** - Time elapsed from birth until the subsequent NBS specimen was received by the lab, in days (as measured by 24-hour periods since the birth). *Not specified for conditions "Critical congenital heart disease - CCHD", "Hearing loss - HEAR"*

**birthToSubsequentReceiptByLabIncludesTime** - Acceptable value: TRUE, FALSE *Note: TRUE signifies that the data available for the calculation of elapsed time included time as well as date*

**birthToSubsequentResultRelease** - Time elapsed from birth until the release of out-of-range results as a result of the subsequent screen, in days (as measured by 24 hour periods since the birth). *Not specified for conditions "Critical congenital heart disease - CCHD", "Hearing loss - HEAR"*

**birthToSubsequentResultReleaseIncludesTime** - Acceptable value: TRUE, FALSE. *Note: TRUE signifies that the data available for the calculation of elapsed time included time as well as date*

## POINT-OF-CARE TEST INFORMATION

**birthToPointOfCareTestInterval** - Time elapsed from birth in hours until the point of care screening test was performed. *Only specified for conditions "Critical congenital heart disease - CCHD", "Hearing loss - HEAR"*

**birthToPointOfCareTestIntervalIncludesTime** - Acceptable value: TRUE, FALSE *Note: true signifies that the data available for the calculation of elapsed time included time as well as date. Only specified for conditions "Critical congenital heart disease - CCHD", "Hearing loss - HEAR"*

## INTERVENTION, FOLLOW-UP, AND DIAGNOSIS

**birthToIntervention** - Time elapsed from birth until intervention by an appropriate medical provider occurred, in days (as measured by 24-hour periods since the birth)

**birthToDiagnosisConfirmation** - Time elapsed from birth until confirmation of the diagnosis occurred, in days (as measured by 24-hour periods since the birth)

**treatmentInOtherState**- Is infant receiving treatment/care out-of-state?  
Acceptable values: TRUE, FALSE, UNKNOWN

**treatmentState**-state where infant receives treatment/care? *Note: should only be answered if treatmentInOtherState is TRUE*  
Acceptable values: see list provided for **state**

**diagnosisReversed**- Is this diagnosis reversed? *Note: this does not refer to the therapeutic interventions to address a condition (i.e., surgery, treatment, therapy, etc)*  
Acceptable values: TRUE, FALSE, UNKNOWN

**diagnosisReversedYear**—year diagnosis reversed (*note: enter four-digit year*)  
*Note: should only be answered if diagnosisReversed is TRUE*

## FINAL DIAGNOSIS

**finalDiagnosis**- final diagnosis as determined by the medical provider performing the clinical diagnostic workup, REQUIRED\*

*Note: not all conditions require a final diagnosis; please use the table to see what conditions need a final diagnosis and the associated acceptable values. The final diagnosis categories do NOT include any of the secondary or other conditions listed on the RUSP. These should be entered as a separate case (see **conditions**).*

Condition	Acceptable Values
3-Methylcrotonyl-CoA carboxylase deficiency - 3-MCC	<ul style="list-style-type: none"> <li>• 3-Methylcrotonyl-CoA Carboxylase Deficiency - 3-MCC</li> <li>• Maternal MCC deficiency</li> <li>• MT-ATP6 related mitochondrial disorders</li> <li>• Unknown</li> </ul>
Argininosuccinic aciduria - ASA	<ul style="list-style-type: none"> <li>• Argininosuccinic Acidemia/ Aciduria (ASA)</li> <li>• Pyruvate carboxylase deficiency</li> <li>• Unknown</li> </ul>
Biotinidase deficiency - BIOT	<ul style="list-style-type: none"> <li>• Profound Biotinidase deficiency</li> <li>• Partial Biotinidase deficiency</li> <li>• Unknown</li> </ul>
Citrullinemia, type I - CIT	<ul style="list-style-type: none"> <li>• Citrullinemia, Type I</li> <li>• Pyruvate Carboxylase Deficiency</li> <li>• Unknown</li> </ul>
Carnitine uptake defect/carnitine transport defect - CUD	<ul style="list-style-type: none"> <li>• Carnitine Uptake Deficiency (CUD)</li> <li>• Maternal Carnitine Deficiency (primary and secondary)</li> <li>• Unknown</li> </ul>
Classic PKU & Hyperphe	<ul style="list-style-type: none"> <li>• Classic phenylketonuria - PKU</li> <li>• Benign hyperphenylalaninemia - H-PHE</li> <li>• HyperPhe diet controlled</li> <li>• Dihydropterine reductase deficiency (DHPR)</li> <li>• DNAJC12</li> <li>• Parenteral nutrition</li> <li>• Maternal PKU</li> <li>• Unknown</li> </ul>
Classic galactosemia - GALT	<ul style="list-style-type: none"> <li>• Classic Galactosemia</li> <li>• Duarte variant galactosemia</li> <li>• Unknown</li> </ul>
Congenital hypothyroidism - CH	<ul style="list-style-type: none"> <li>• Primary Congenital Hypothyroidism</li> <li>• Secondary Congenital Hypothyroidism</li> <li>• TBG Deficiency (Thyroxine Binding Globulin) or other protein binding defect</li> <li>• Transient Congenital Hypothyroidism</li> <li>• Unknown</li> </ul>

Condition	Acceptable Values
Congenital Adrenal Hyperplasia (CAH)	<ul style="list-style-type: none"> <li>• Classic 21-Hydroxylase Deficiency-Salt Wasting</li> <li>• Classic 21-Hydroxylase Deficiency-Simple Virilizing</li> <li>• Other Adrenal Disorder</li> <li>• Unknown</li> </ul>
Critical Congenital Heart Disease (CCHD)	<ul style="list-style-type: none"> <li>• CCHD</li> <li>• Non critical CCHD</li> <li>• Other</li> <li>• Unknown</li> </ul>
Cystic fibrosis - CF	<ul style="list-style-type: none"> <li>• CFTR-Related Metabolic Syndrome (CRMS)</li> <li>• CFTR-Related Disease</li> <li>• Typical Cystic Fibrosis (CF)</li> <li>• Unknown</li> </ul>
Hb-No structural variant	<ul style="list-style-type: none"> <li>• Alpha thalassemia major (Fetal Hydrops)</li> <li>• Beta thalassemia major (Cooley's anemia)</li> <li>• Hgb H disease</li> <li>• Unknown</li> </ul>
Holocarboxylase synthetase deficiency – MCD	<ul style="list-style-type: none"> <li>• Holocarboxylase Synthetase Deficiency</li> <li>• Maternal 3-methylcrotonyl-CoA carboxylase deficiency</li> <li>• MT-ATP6 related mitochondrial disorders</li> <li>• Other biotin disorder</li> <li>• Unknown</li> </ul>
Homocystinuria - HCY	<ul style="list-style-type: none"> <li>• Classic Homocystinuria</li> <li>• Methionine Adenosyltransferase (MAT I/III Deficiency)</li> <li>• Glycine n-methyltransferase (GNMT)</li> <li>• Adenosylhomocysteine Hydrolase Deficiency</li> <li>• Unknown</li> </ul>
Isovaleric acidemia - IVA	<ul style="list-style-type: none"> <li>• Isovaleric Acidemia/ Aciduria (IVA)</li> <li>• Short/branched chain acyl-CoA dehydrogenase Deficiency (SBCAD) or 2-methylbutyryl CoA dehydrogenase deficiency</li> <li>• Unknown</li> </ul>
Maple syrup urine disease - MSUD	<ul style="list-style-type: none"> <li>• Maple Syrup Urine Disease, Type IA</li> <li>• Maple Syrup Urine Disease, Type IB</li> <li>• Maple Syrup Urine Disease, Type II</li> <li>• Maple Syrup Urine Disease, Type III</li> <li>• Hydroxyprolinemia</li> <li>• Unknown</li> </ul>
Methylmalonic acidemia (methylmalonyl-CoA mutase) - MUT	<ul style="list-style-type: none"> <li>• Mutase(-) (mut-)</li> <li>• Mutase (0) (mut0)</li> <li>• Maternal vitamin B12 deficiency</li> <li>• Succinate-CoA ligase deficiency</li> <li>• Unknown</li> </ul>
Methylmalonic acidemia (cobalamin disorders) - Cbl A,B	<ul style="list-style-type: none"> <li>• Cobalamin A deficiency (CblA)</li> <li>• Cobalamin B deficiency (CblB)</li> <li>• Cobalamin Dv2 (CblDv2)</li> </ul>

Condition	Acceptable Values
	<ul style="list-style-type: none"> <li>• Maternal vitamin B12 deficiency</li> <li>• Succinate-CoA ligase deficiency</li> <li>• Unknown</li> </ul>
Methylmalonic acidemia with homocystinuria - Cbl C,D	<ul style="list-style-type: none"> <li>• Cobalamin C deficiency (CblC)</li> <li>• Cobalamin D deficiency (CblD)</li> <li>• Cobalamin F deficiency (CblF)</li> <li>• Cobalamin Dv1 deficiency (CblDv1)</li> <li>• Cobalamin J deficiency (CblJ)</li> <li>• Maternal vitamin B12 deficiency</li> <li>• Succinate-CoA ligase deficiency</li> <li>• Other cobalamin deficiency</li> <li>• Unknown</li> </ul>
Mucopolysaccharidosis I - MPS I	<ul style="list-style-type: none"> <li>• MPS I—severe</li> <li>• MPS I—severity not determined</li> <li>• MPS I—attenuated</li> <li>• Unknown</li> </ul>
Pompe	<ul style="list-style-type: none"> <li>• Infantile Onset (IO) Pompe Disease</li> <li>• Late Onset (LO) Pompe Disease</li> <li>• Unknown</li> </ul>
Presence of Hb S	<ul style="list-style-type: none"> <li>• S, S disease (Sickle cell anemia) - Hb SS</li> <li>• S, Beta 0-thalassemia - Hb S/B0Th</li> <li>• S, Beta + thalassemia - Hb S/B+ Th</li> <li>• S, C disease – Hb S/C</li> <li>• S, Other</li> <li>• Unknown</li> </ul>
Presence of Other Hb Variant	<ul style="list-style-type: none"> <li>• Hemoglobin D Disease</li> <li>• Hemoglobin O-Arab Disease</li> <li>• Hemoglobin C Disease</li> <li>• Hemoglobin E Disease</li> <li>• Other hemoglobin disorder</li> <li>• Unknown</li> </ul>
Propionic acidemia - PROP	<ul style="list-style-type: none"> <li>• Propionic Acidemia (PROP)</li> <li>• Maternal vitamin B12 deficiency</li> <li>• Succinate-CoA ligase deficiency</li> <li>• Unknown</li> </ul>
Severe Combined Immunodeficiencies - SCID	<ul style="list-style-type: none"> <li>• Classic SCID</li> <li>• Leaky SCID</li> <li>• Omenn Syndrome</li> <li>• Unknown</li> </ul>
Tyrosinemia, type I - TYR I	<ul style="list-style-type: none"> <li>• Tyrosinemia, Type I (hepatorenal)</li> <li>• Transient Tyrosinemia of the neonate (TTN)</li> <li>• Unknown</li> </ul>
X-Linked Adrenoleukodystrophy	<ul style="list-style-type: none"> <li>• X-Linked Adrenoleukodystrophy (in Males)</li> <li>• X-Linked Adrenoleukodystrophy (in Females)</li> <li>• Contiguous ABCD1 DXS1357E deletion syndrome (CADD5)</li> <li>• Peroxisomal Disorder</li> <li>• Acyl-CoA Oxidase Deficiency</li> <li>• D-Bifunctional Protein Deficiency</li> <li>• Dyamin-like protein 1 (DLP1)</li> <li>• ABDC5</li> </ul>

Condition	Acceptable Values
	<ul style="list-style-type: none"> <li>• Non-peroxisomal Disorder</li> <li>• Unknown</li> </ul>

**otherFinalDiagnosisName**- Specify the name for the other final diagnosis when the value “OTHER” is entered for *finalDiagnosis*

***If condition is Presence of Other Hb Variant***

**alphaThalassemiaPresent**- Alpha thalassemia present?

Acceptable values: TRUE, FALSE, UNKNOWN

*Note: must only be entered when condition is “Presence of Other Hb Variant”*

***If condition is Critical congenital heart disease – CCHD and finalDiagnosis is CCHD***

**cchdFinalDiagnosesDetails**- Specify type of CCHD diagnosed.

Acceptable values:

- TRUNCUS\_ARTERIOSUS
- TOTAL\_ANOMALOUS\_PULMONARY\_VENOUS\_CONNECTION
- TETRALOGY\_OF\_FALLOT
- PULMONARY\_ATRESIA
- EBSTEIN\_ANOMALY
- HYPOPLASTIC\_LEFT\_HEART\_SYNDROME
- SINGLE\_VENTRICLE
- TRICUSPID\_ATRESIA
- TRANSPOSITION\_OF\_GREAT\_ARTERIES
- DOUBLE\_OUTLET\_RIGHT\_VENTRICLE
- COARCTATION\_OF\_AORTA
- INTERRUPTED\_AORTIC\_ARCH
- AORTIC\_VALVE\_DISEASE

*Note: must only be entered when CCHD FinalDiagnosis is CCHD; can add multiple selections by using a colon to separate each acceptable value (e.g., TRUNCUS\_ARTERIOSUS: PULMONARY\_ATRESIA: SINGLE\_VENTRICLE)*

***If condition is Spinal Muscular Atrophy – SMA***

**newbornSMN2MolecularTest**—newborn screen molecular test for SMN2?

Acceptable values: TRUE, FALSE, UNKNOWN

*Note: only enter if condition is “Spinal Muscular Atrophy – SMA”*

**newbornSMN2MolecularTestValue**-SMN2 copy number?

Acceptable values: ONE, TWO, TWO\_OR\_MORE, UNKNOWN

*Note: only enter if condition is Spinal Muscular Atrophy – SMA” and newbornSMN2MolecularTest is TRUE*

**postNewbornSMN2MolecularTest**-post-newborn screen molecular test for SMN2?

Acceptable values: TRUE, FALSE, UNKNOWN

*Note: only enter if condition is “Spinal Muscular Atrophy – SMA”*

**postNewbornSMN2MolecularTestValue**- SMN2 copy number?

Acceptable values: ONE, TWO, TWO\_OR\_MORE, UNKNOWN

*Note: only enter if condition is Spinal Muscular Atrophy – SMA” and newbornSMN2MolecularTest is TRUE*