



# **Diagnostic Form Templates for Newborn Screening**

Last Updated: November 10, 2025

**Case Information Template:**  
**Information Collected for ALL Cases**

Infant Demographic Information	
State Unique ID? (alphanumeric)* <i>A state unique ID is a number and or letters that your program provides to tag or track each confirmed case and update information as needed.</i>	Unique IDs should only include numbers, letters, hyphens, and underscores
Gestational Age? (in weeks)	
<b>Birth Information</b>	
Date of Birth? (mm/dd/yyyy)*	
Time (hh:mm AM/PM) <i>If time of birth is not available, only enter the date</i>	
Year* <i>Year of birth is stored to calculate Quality Indicators</i>	Automatically populated based on date of birth
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 <input type="checkbox"/> Unknown
Ethnicity?	<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 <input type="checkbox"/> Unknown
Screening Information	
Which newborn screen result indicated this infant was at risk for the disorder?	<input type="checkbox"/> First Screen <input type="checkbox"/> Requested Subsequent Screen <input type="checkbox"/> Routine Second Screen
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"/> Unknown
Was there family history that indicated that this infant was at risk for this disorder?	<input type="checkbox"/> Yes <input type="checkbox"/> No

	<input type="checkbox"/> Unknown <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Was this individual identified outside of the newborn screening?	<input type="checkbox"/> Parental Refusal <input type="checkbox"/> Lost to follow-up after unsatisfactory specimen <input type="checkbox"/> Biologic false negative/result within normal range <input type="checkbox"/> Did not have valid screen due to error <input type="checkbox"/> Other (please describe below)
<b>Initial &amp; Subsequent Specimen Collection Information</b>	
<b>Specimen Collection</b>	
Date of specimen collection (mm/dd/yyyy)?	
Time (hh:mm AM/PM)	
Time Elapsed Since Birth (in hours)	<i>Automatically calculated from birth and specimen collection dates; some states can enter directly</i>
<b>Receipt by Lab</b>	
Date of receipt by lab (mm/dd/yyyy)?	
Time (hh:mm AM/PM)	
Time Elapsed Since Birth (in days)	<i>Automatically calculated from birth and receipt date; some states can enter directly</i>
<b>Release of Out-of-Range Results</b>	
Date of release of out-of-range results (mm/dd/yyyy)?	
Time (hh:mm AM/PM)	
Time Elapsed Since Birth (in days)	<i>Automatically calculated from birth and report date; some states can enter directly</i>
<b>Intervention, Follow-up, and Diagnosis</b>	
<b>Intervention by Appropriate Medical Provider</b>	
Date of intervention by appropriate medical provider (mm/dd/yyyy)?	
Time (hh:mm AM/PM)	
Time Elapsed Since Birth (in days)	<i>Automatically calculated from birth and intervention date; some states can enter directly</i>
<b>Confirmation of Diagnosis</b>	
Date of confirmation of diagnosis (mm/dd/yyyy)?	

Time (hh:mm AM/PM)	
Time Elapsed Since Birth (in days)	<i>Automatically calculated from birth and diagnosis date; some states can enter directly</i>
Is infant receiving treatment/care out-of-state?	<input type="checkbox"/> Yes; enter where state receives care <input type="checkbox"/> No <input type="checkbox"/> Unknown
Is this diagnosis reversed (does not refer to the therapeutic interventions to address a condition (i.e., surgery, treatment, therapy, etc.)	<input type="checkbox"/> Yes; enter Year diagnosis reversed <input type="checkbox"/> No <input type="checkbox"/> Unknown

## Disorder Confirmatory Diagnosis Follow-Up

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*Note: standard surveillance case definitions have not been developed for 3-Hydroxy-3-methylglutaric aciduria (HMG),  $\beta$ -Ketothiolase deficiency ( $\beta$ KT), Mucopolysaccharidosis Type II (MPS II), Guanidinoacetate methyltransferase deficiency (GAMT), and Infantile Krabbe Disease (Krabbe). These are forthcoming.*

# Metabolic Disorders

## Organic Acid Disorders

### Glutaric Acidemia/ Aciduria Type I (GA1)

Enzymatic	
<b>Were urine organic acids tested?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<p style="text-align: right;">[IF YES]</p> <p>Was 3-OH Glutaric acid level</p> <p><input type="checkbox"/> Elevated  <input type="checkbox"/> Normal  <input type="checkbox"/> Unknown</p> <p>Was Glutaric acid level</p> <p><input type="checkbox"/> Elevated  <input type="checkbox"/> Normal  <input type="checkbox"/> Unknown</p>
<b>Were serum organic acids tested?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<p style="text-align: right;">[IF YES]</p> <p>Was 3-OH Glutaric acid level</p> <p><input type="checkbox"/> Elevated  <input type="checkbox"/> Normal  <input type="checkbox"/> Unknown</p> <p>Was Glutaric acid level</p> <p><input type="checkbox"/> Elevated  <input type="checkbox"/> Normal  <input type="checkbox"/> Unknown</p>
<b>Were plasma acylcarnitines tested?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<p style="text-align: right;">[IF YES]</p> <p>Was C5 -DC level</p> <p><input type="checkbox"/> Elevated  <input type="checkbox"/> Normal  <input type="checkbox"/> Unknown</p>
<b>Was enzyme analysis for Glutaric Acidemia enzyme activity completed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<p style="text-align: right;">[IF YES]</p> <p>Was enzyme activity:</p> <p><input type="checkbox"/> Consistent with disease  <input type="checkbox"/> Normal activity (not consistent with disease)  <input type="checkbox"/> Unknown</p>
Molecular Genetics	

<b>Was a mutation analysis done?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<i>[IF YES]</i> What genes were included in the mutation analysis? (select all that apply) <input type="checkbox"/> <i>GCDH</i> <input type="checkbox"/> Other gene: _____
	<i>[For each gene selected]</i> 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 <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 <input type="checkbox"/> Variant of unknown significance (predicted to be pathogenic) <input type="checkbox"/> Wild Type (Normal) <input type="checkbox"/> Unknown

## Holocarboxylase Synthetase (Multiple Carboxylase) Deficiency (MCD) or Other Biotin Disorders

\*Not Biotinase Deficiency

### Final Diagnosis as determined by clinician performing follow-up:

- Holocarboxylase Synthetase Deficiency (MCD)
- Maternal 3-methylcrotonyl-CoA carboxylase deficiency
- MT-ATP6 related mitochondrial disorders
- Other Biotin Disorder (not biotinase deficiency)
- Unknown

Enzymatic	
<b>Were urine organic acids tested?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<p style="text-align: right;">[IF YES]</p> <p>Was 3OH Isovaleric acid level:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Elevated</li><li><input type="checkbox"/> Normal</li><li><input type="checkbox"/> Unknown</li></ul> <p>Was 3OH Propionic acid level:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Elevated</li><li><input type="checkbox"/> Normal</li><li><input type="checkbox"/> Unknown</li></ul> <p>Was 3-methylcrotonyl glycine level:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Elevated</li><li><input type="checkbox"/> Normal</li><li><input type="checkbox"/> Unknown</li></ul>
<b>Were plasma acylcarnitines tested?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<p style="text-align: right;">[IF YES]</p> <p>Was C3 level</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Elevated</li><li><input type="checkbox"/> Normal</li><li><input type="checkbox"/> Unknown</li></ul> <p>Was C5-OH level</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Elevated</li><li><input type="checkbox"/> Normal</li><li><input type="checkbox"/> Unknown</li></ul>

<p><b>Were infant chemistries (biotinidase) studies completed?</b></p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Unknown</p>	<p>[IF YES]</p> <p>Were infant chemistries (biotinidase) studies:</p> <p><input type="checkbox"/> Normal  <input type="checkbox"/> Abnormal  <input type="checkbox"/> Unknown</p>
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<p><b>Was enzyme analysis for holocarboxylase synthetase deficiency enzyme activity completed?</b></p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Unknown</p>	<p>[IF YES]</p> <p>Was enzyme activity:</p> <p><input type="checkbox"/> Consistent with disease  <input type="checkbox"/> Normal activity (not consistent with disease)  <input type="checkbox"/> Unknown</p>
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<b>Molecular Genetics</b>	
<p><b>Was a mutation analysis done?</b></p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Unknown</p>	<p>[IF YES]</p> <p>What genes were included in the mutation analysis?          (select all that apply)</p> <p><input type="checkbox"/> <i>HLCS</i>  <input type="checkbox"/> Other gene: _____</p>

*[For each gene selected]*

Check the types of variants found on:

*Allele 1:*

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

*Allele 2:*

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

## Isovaleric Acidemia/ Aciduria (IVA)

### Final Diagnosis as determined by clinician performing follow-up:

- Isovaleric Acidemia/ Aciduria (IVA)
- Short/branched chain acyl-CoA dehydrogenase Deficiency (SBCAD) or 2-methylbutyryl CoA dehydrogenase deficiency
- Unknown

Enzymatic	
<b>Were urine organic acids tested?</b>	<p style="text-align: right;">[IF YES]</p> <p>Was 3OH Isovaleric acid level</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Elevated</li> <li><input type="checkbox"/> Normal</li> <li><input type="checkbox"/> Unknown</li> </ul> <p>Was Isovaleryl glycine level</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Elevated</li> <li><input type="checkbox"/> Normal</li> <li><input type="checkbox"/> Unknown</li> </ul>
<b>Were plasma acylcarnitines tested?</b>	<p style="text-align: right;">[IF YES]</p> <p>Was C5 -DC level</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Elevated</li> <li><input type="checkbox"/> Normal</li> <li><input type="checkbox"/> Unknown</li> </ul>
<b>Was enzyme analysis for Glutaric Acidemia enzyme activity completed?</b>	<p style="text-align: right;">[IF YES]</p> <p>Was enzyme activity:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Consistent with disease</li> <li><input type="checkbox"/> Normal activity (not consistent with disease)</li> <li><input type="checkbox"/> Unknown</li> </ul>
Molecular Genetics	
<b>Was a mutation analysis done?</b>	<p style="text-align: right;">[IF YES]</p> <p>What genes were included in the mutation analysis? (select all that apply)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> IVD</li> <li><input type="checkbox"/> Other gene: _____</li> </ul>

*[For each gene selected]*

Check the types of variants found on:

*Allele 1:*

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

*Allele 2:*

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

### 3-Methylcrotonyl-CoA Carboxylase Deficiency (3-MCC)

#### Final Diagnosis as determined by clinician performing follow-up:

- 3-Methylcrotonyl-CoA Carboxylase Deficiency (3-MCC)
- Maternal MCC deficiency
- MT-ATP6 related mitochondrial disorders
- Unknown

Enzymatic	
<b>Were urine organic acids tested?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<p style="text-align: center;">[IF YES]</p> <p>Was 3OH Isovaleric acid level</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Elevated</li><li><input type="checkbox"/> Normal</li><li><input type="checkbox"/> Unknown</li></ul> <p>Was 3-methylcrotonyl glycine level</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Elevated</li><li><input type="checkbox"/> Normal</li><li><input type="checkbox"/> Unknown</li></ul>
<b>Were plasma acylcarnitines tested?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<p style="text-align: center;">[IF YES]</p> <p>Was C5 -OH level</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Elevated</li><li><input type="checkbox"/> Normal</li><li><input type="checkbox"/> Unknown</li></ul>
<b>Was maternal 3-MCC level tested and ruled out?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
<b>Was enzyme analysis for 3-MCC enzyme activity completed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<p style="text-align: center;">[IF YES]</p> <p>Was enzyme activity:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Consistent with disease</li><li><input type="checkbox"/> Normal activity (not consistent with disease)</li><li><input type="checkbox"/> Unknown</li></ul>
Molecular Genetics	
<b>Was a mutation analysis done?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<p style="text-align: center;">[IF YES] What genes were included in the mutation analysis? (select all that apply)</p> <ul style="list-style-type: none"><li><input type="checkbox"/> <i>MCCC1</i></li><li><input type="checkbox"/> <i>MCCC2</i></li><li><input type="checkbox"/> Other gene: _____</li></ul>

*[For each gene selected]*

Check the types of variants found on:

*Allele 1:*

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

*Allele 2:*

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

## Propionic Acidemia/ Aciduria (PROP)

### Final Diagnosis as determined by clinician performing follow-up:

- Propionic Acidemia (PROP)
- Maternal vitamin B12 deficiency
- Succinate-CoA ligase deficiency
- Unknown

Enzymatic	
<b>Were urine organic acids tested?</b>	<i>[IF YES]</i> Please indicate which of the following metabolites were detected:
Propionyl glycine?	
<input type="checkbox"/> Yes	
<input type="checkbox"/> No	
<input type="checkbox"/> Unknown	
Tiglyglycine?	
<input type="checkbox"/> Yes	
<input type="checkbox"/> No	
<input type="checkbox"/> Unknown	
Methylcitrate?	
<input type="checkbox"/> Yes	
<input type="checkbox"/> No	
<input type="checkbox"/> Unknown	
3OH Propionic acid level?	
<input type="checkbox"/> Yes	
<input type="checkbox"/> No	
<input type="checkbox"/> Unknown	
MMA?	
<input type="checkbox"/> Yes	
<input type="checkbox"/> No	
<input type="checkbox"/> Unknown	
Methylcrotonyl glycine?	
<input type="checkbox"/> Yes	
<input type="checkbox"/> No	
<input type="checkbox"/> Unknown	

<b>Were plasma acylcarnitines tested?</b>	[IF YES]
<input type="checkbox"/> Yes	Was C3 level:
<input type="checkbox"/> No	<input type="checkbox"/> Elevated
<input type="checkbox"/> Unknown	<input type="checkbox"/> Normal
	<input type="checkbox"/> Unknown

Molecular Genetics	
<b>Was a mutation analysis done?</b>	[IF YES]
<input type="checkbox"/> Yes	What genes were included in the mutation analysis? (select all that apply)
<input type="checkbox"/> No	<input type="checkbox"/> <i>PCCA</i>
<input type="checkbox"/> Unknown	<input type="checkbox"/> <i>PCCB</i>
	<input type="checkbox"/> Other gene: _____
	[For each gene selected]
	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
	<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
	<input type="checkbox"/> Variant of unknown significance (predicted to be pathogenic)
	<input type="checkbox"/> Wild Type (Normal)
	<input type="checkbox"/> Unknown

## Methylmalonic Acidemia (methylmalonyl-CoA mutase; MUT)

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

- Mutase(-) (mut-)
- Mutase (0) (mut0)
- Maternal vitamin B12 deficiency
- Succinate-CoA ligase deficiency
- Unclassified
- Unknown

Enzymatic	
<b>Was serum MMA level tested?</b>	<i>[IF YES]</i> Was MMA level in serum: <ul style="list-style-type: none"><li><input type="checkbox"/> Elevated</li><li><input type="checkbox"/> Normal</li><li><input type="checkbox"/> Unknown</li></ul>
<b>Was urine MMA level tested?</b>	<i>[IF YES]</i> Was MMA level in urine: <ul style="list-style-type: none"><li><input type="checkbox"/> Elevated</li><li><input type="checkbox"/> Normal</li><li><input type="checkbox"/> Unknown</li></ul>
<b>Were plasma acylcarnitines tested?</b>	<i>[IF YES]</i> Was C3 level <ul style="list-style-type: none"><li><input type="checkbox"/> Elevated</li><li><input type="checkbox"/> Normal</li><li><input type="checkbox"/> Unknown</li></ul>
<b>Was maternal vitamin B12 levels tested?</b>	<i>[IF YES]</i> Was maternal vitamin B12 deficient? <ul style="list-style-type: none"><li><input type="checkbox"/> Yes</li><li><input type="checkbox"/> No</li><li><input type="checkbox"/> Unknown</li></ul>
<b>Was infant vitamin B12 levels tested?</b>	<i>[IF YES]</i> Was infant vitamin B12 deficient? <ul style="list-style-type: none"><li><input type="checkbox"/> Yes</li><li><input type="checkbox"/> No</li><li><input type="checkbox"/> Unknown</li></ul>
<b>Was total plasma homocysteine tested?</b>	<i>[IF YES]</i> Was total plasma homocysteine: <ul style="list-style-type: none"><li><input type="checkbox"/> Elevated</li><li><input type="checkbox"/> Normal</li><li><input type="checkbox"/> Unknown</li></ul>

<p><b>Were enzyme complementation studies completed?</b></p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Unknown</p>	<p><i>[IF YES]</i></p> <p>Were complementation studies:</p> <p><input type="checkbox"/> Consistent with disease  <input type="checkbox"/> Normal activity (not consistent with disease)  <input type="checkbox"/> Unknown</p>
<b>Molecular Genetics</b>	
<p><b>Was mutation analysis done?</b></p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Unknown</p>	<p><i>[IF YES]</i></p> <p>What genes were included in the mutation analysis? (select all that apply)</p> <p><input type="checkbox"/> <i>METHYLMALONYL-CoA MUTASE</i>  <input type="checkbox"/> Other gene: _____</p>
	<p><i>[For each gene selected]</i></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  <input type="checkbox"/> Variant of unknown significance  <input type="checkbox"/> Variant of unknown significance (predicted to be pathogenic)  <input type="checkbox"/> Wild Type (Normal)  <input type="checkbox"/> Unknown</p> <p><i>Allele 2:</i></p> <p><input type="checkbox"/> Variant known to be disease causing  <input type="checkbox"/> Variant of unknown significance  <input type="checkbox"/> Variant of unknown significance (predicted to be pathogenic)  <input type="checkbox"/> Wild Type (Normal)  <input type="checkbox"/> Unknown</p>

## Methylmalonic Acidemia (cobalamin disorders; Cbl A, Cbl B, Cbl Dv2)

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

- Cobalamin A deficiency (Cbl A)
- Cobalamin B deficiency (Cbl B)
- Cobalamin Dv2 deficiency (Cbl Dv2)
- Maternal vitamin B12 deficiency
- Succinate-CoA ligase deficiency
- Unclassified
- Unknown

Enzymatic	
<b>Was serum MMA level tested?</b>	<i>[IF YES]</i> Was MMA level in serum: <ul style="list-style-type: none"><li><input type="checkbox"/> Elevated</li><li><input type="checkbox"/> Normal</li><li><input type="checkbox"/> Unknown</li></ul>
<b>Was urine MMA level tested?</b>	<i>[IF YES]</i> Was MMA level in urine: <ul style="list-style-type: none"><li><input type="checkbox"/> Elevated</li><li><input type="checkbox"/> Normal</li><li><input type="checkbox"/> Unknown</li></ul>
<b>Were plasma acylcarnitines tested?</b>	<i>[IF YES]</i> Was C3 level <ul style="list-style-type: none"><li><input type="checkbox"/> Elevated</li><li><input type="checkbox"/> Normal</li><li><input type="checkbox"/> Unknown</li></ul>
<b>Was maternal vitamin B12 levels tested?</b>	<i>[IF YES]</i> Was maternal vitamin B12 deficient? <ul style="list-style-type: none"><li><input type="checkbox"/> Yes</li><li><input type="checkbox"/> No</li><li><input type="checkbox"/> Unknown</li></ul>
<b>Was infant vitamin B12 levels tested?</b>	<i>[IF YES]</i> Was infant vitamin B12 deficient? <ul style="list-style-type: none"><li><input type="checkbox"/> Yes</li><li><input type="checkbox"/> No</li><li><input type="checkbox"/> Unknown</li></ul>
<b>Was total plasma homocysteine tested?</b>	<i>[IF YES]</i> Was total plasma homocysteine: <ul style="list-style-type: none"><li><input type="checkbox"/> Elevated</li><li><input type="checkbox"/> Normal</li><li><input type="checkbox"/> Unknown</li></ul>

<p><b>Were enzyme complementation studies completed?</b></p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Unknown</p>	<p><i>[IF YES]</i></p> <p>Were complementation studies:</p> <p><input type="checkbox"/> Consistent with disease  <input type="checkbox"/> Normal activity (not consistent with disease)  <input type="checkbox"/> Unknown</p>
<b>Molecular Genetics</b>	
<p><b>Was mutation analysis done?</b></p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Unknown</p>	<p><i>[IF YES]</i></p> <p>What genes were included in the mutation analysis? (select all that apply)</p> <p><input type="checkbox"/> <i>MMAA gene</i>  <input type="checkbox"/> <i>MMAB gene</i>  <input type="checkbox"/> Other gene: _____</p>
	<p><i>[For each gene selected]</i></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  <input type="checkbox"/> Variant of unknown significance  <input type="checkbox"/> Variant of unknown significance (predicted to be pathogenic)  <input type="checkbox"/> Wild Type (Normal)  <input type="checkbox"/> Unknown</p> <p><i>Allele 2:</i></p> <p><input type="checkbox"/> Variant known to be disease causing  <input type="checkbox"/> Variant of unknown significance  <input type="checkbox"/> Variant of unknown significance (predicted to be pathogenic)  <input type="checkbox"/> Wild Type (Normal)  <input type="checkbox"/> Unknown</p>

## Methylmalonic Acidemia with Homocystinuria (Cbl C, Cbl D, Cbl F, Cbl Dv1, Cbl J)

\*Secondary RUSP Condition

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

- Cobalamin C deficiency (Cbl C)
- Cobalamin D deficiency (Cbl D)
- Cobalamin F deficiency (Cbl F)
- Cobalamin Dv1 deficiency (Cbl Dv1)
- Cobalamin J deficiency (Cbl J)
- Maternal vitamin B12 deficiency
- Succinate-CoA ligase deficiency
- Unclassified
- Other cobalamin deficiency
- Unknown

Enzymatic	
<b>Was serum MMA level tested?</b>	<i>[IF YES]</i> Was MMA level in serum: <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown
<b>Was urine MMA level tested?</b>	<i>[IF YES]</i> Was MMA level in urine: <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown
<b>Were plasma acylcarnitines tested?</b>	<i>[IF YES]</i> Was C3 level <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown
<b>Was maternal vitamin B12 levels tested?</b>	<i>[IF YES]</i> Was maternal vitamin B12 deficient? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<b>Was infant vitamin B12 levels tested?</b>	<i>[IF YES]</i> Was infant vitamin B12 deficient? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

<b>Was total plasma homocysteine tested?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	[IF YES] Was total plasma homocysteine: <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown
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<b>Were enzyme complementation studies completed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	[IF YES] Were complementation studies: <input type="checkbox"/> Consistent with disease <input type="checkbox"/> Normal activity (not consistent with disease) <input type="checkbox"/> Unknown
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### Molecular Genetics

<b>Was mutation analysis done?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	[IF YES] What genes were included in the mutation analysis? (select all that apply)  <input type="checkbox"/> <i>MMACHC</i> <input type="checkbox"/> <i>MMADHC</i> <input type="checkbox"/> <i>LMBRD1</i> <input type="checkbox"/> <i>ABCD4</i> <input type="checkbox"/> <i>HCFC1</i> <input type="checkbox"/> <i>C2ORF25</i> <input type="checkbox"/> Other gene: _____
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	[For each gene selected] 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 <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 <input type="checkbox"/> Variant of unknown significance (predicted to be pathogenic) <input type="checkbox"/> Wild Type (Normal) <input type="checkbox"/> Unknown
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## Fatty Acid Disorders

### Primary Carnitine Deficiency/ Carnitine Uptake Deficiency (CUD)

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

- Carnitine Uptake Deficiency (CUD)
- Maternal Carnitine Deficiency (primary and secondary)
- Unknown

Enzymatic	
<b>Was urine carnitine tested?</b>	<input type="checkbox"/> [IF YES] Was fractional excretion of free carnitine level: <ul style="list-style-type: none"> <li><input type="checkbox"/> Elevated</li> <li><input type="checkbox"/> Normal</li> <li><input type="checkbox"/> Unknown</li> </ul> Was 3-methylcrotonyl glycine level <ul style="list-style-type: none"> <li><input type="checkbox"/> Elevated</li> <li><input type="checkbox"/> Normal</li> <li><input type="checkbox"/> Unknown</li> </ul>
<b>Were plasma carnitine levels tested?</b>	<input type="checkbox"/> [IF YES] Was free carnitine (C0) <ul style="list-style-type: none"> <li><input type="checkbox"/> Low</li> <li><input type="checkbox"/> Normal</li> <li><input type="checkbox"/> Unknown</li> </ul>
<b>Were other causes for carnitine loss ruled out?</b>	
<b>Was enzyme analysis for carnitine deficiency enzyme activity completed?</b>	<input type="checkbox"/> [IF YES] Was enzyme activity: <ul style="list-style-type: none"> <li><input type="checkbox"/> Consistent with disease</li> <li><input type="checkbox"/> Normal activity (not consistent with disease)</li> <li><input type="checkbox"/> Unknown</li> </ul>
Molecular Genetics	
<b>Was a mutation analysis done?</b>	<input type="checkbox"/> [IF YES] What genes were included in the mutation analysis? (select all that apply) <ul style="list-style-type: none"> <li><input type="checkbox"/> SCL22A5</li> <li><input type="checkbox"/> Other gene: _____</li> </ul>

*[For each gene selected]*

Check the types of variants found on:

*Allele 1:*

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

*Allele 2:*

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

## Medium-chain acyl-CoA Dehydrogenase Deficiency (MCAD)

Enzymatic	
<b>Were urine organic acids or acylglycines tested?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<i>[IF YES]</i> Was Hexanoylglycine level: <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown
<b>Were plasma acylcarnitines tested?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<i>[IF YES]</i> Was C8 level: <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown  Was repeat C8 level: <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown  Was C8>C10 level: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown  Was C8>C6 level: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown  Was C6 level: <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown  Was C10 level: <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown

<p><b>Was functional analysis of fatty acid oxidation in cultured fibroblasts performed?</b></p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Unknown</p>	<p>[IF YES]</p> <p>Was functional fibroblast analysis:</p> <p><input type="checkbox"/> Consistent with disease  <input type="checkbox"/> Normal activity (not consistent with disease)  <input type="checkbox"/> Unknown</p>
<p><b>Was enzyme analysis for MCAD enzyme activity completed?</b></p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Unknown</p>	<p>[IF YES]</p> <p>Was enzyme activity:</p> <p><input type="checkbox"/> Consistent with disease  <input type="checkbox"/> Normal activity (not consistent with disease)  <input type="checkbox"/> Unknown</p>
<p><b>Molecular Genetics</b></p>	
<p><b>Was a mutation analysis done?</b></p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Unknown</p>	<p>[IF YES]</p> <p>What genes were included in the mutation analysis? (select all that apply)</p> <p><input type="checkbox"/> <i>ACADM</i>  <input type="checkbox"/> Other gene: _____</p>
	<p>[For each gene selected]</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  <input type="checkbox"/> Variant of unknown significance  <input type="checkbox"/> Variant of unknown significance (predicted to be pathogenic)  <input type="checkbox"/> Wild Type (Normal)  <input type="checkbox"/> Unknown</p> <p><i>Allele 2:</i></p> <p><input type="checkbox"/> Variant known to be disease causing  <input type="checkbox"/> Variant of unknown significance  <input type="checkbox"/> Variant of unknown significance (predicted to be pathogenic)  <input type="checkbox"/> Wild Type (Normal)  <input type="checkbox"/> Unknown</p>

## Trifunctional Protein Deficiency (TFP)

Enzymatic	
<b>Were urine organic acids tested?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<p style="text-align: right;">[IF YES]</p> <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 acid level:</p> <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown
<b>Were plasma acylcarnitines tested?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<p style="text-align: right;">[IF YES]</p> <p>Was C16-OH level:</p> <input type="checkbox"/> Elevated <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
<b>Was enzyme analysis for TFP enzyme activity completed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<p style="text-align: right;">[IF YES]</p> <p>Was enzyme activity:</p> <input type="checkbox"/> Consistent with disease <input type="checkbox"/> Normal activity (not consistent with disease) <input type="checkbox"/> Unknown

<p><b>Was functional analysis of fatty acid oxidation in cultured fibroblasts performed?</b></p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Unknown</p>	<p>[IF YES]</p> <p>Was functional fibroblast analysis:</p> <p><input type="checkbox"/> Consistent with disease  <input type="checkbox"/> Normal activity (not consistent with disease)  <input type="checkbox"/> Unknown</p>
<b>Molecular Genetics</b>	
<p><b>Was a mutation analysis done?</b></p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Unknown</p>	<p>[IF YES]</p> <p>What genes were included in the mutation analysis? (select all that apply)</p> <p><input type="checkbox"/> <i>HADHA</i>  <input type="checkbox"/> <i>HADHB</i>  <input type="checkbox"/> Other gene: _____</p>
	<p>[For each gene selected]</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  <input type="checkbox"/> Variant of unknown significance  <input type="checkbox"/> Variant of unknown significance (predicted to be pathogenic)  <input type="checkbox"/> Wild Type (Normal)  <input type="checkbox"/> Unknown</p> <p><i>Allele 2:</i></p> <p><input type="checkbox"/> Variant known to be disease causing  <input type="checkbox"/> Variant of unknown significance  <input type="checkbox"/> Variant of unknown significance (predicted to be pathogenic)  <input type="checkbox"/> Wild Type (Normal)  <input type="checkbox"/> Unknown</p>

## Long-chain L-3 Hydroxyacyl-CoA Dehydrogenase Deficiency (LCHAD)

Enzymatic	
<b>Were urine organic acids tested?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<p style="text-align: right;">[IF YES]</p> <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 acid level:</p> <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown
<b>Were plasma acylcarnitines tested?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<p style="text-align: right;">[IF YES]</p> <p>Was C16-OH level:</p> <input type="checkbox"/> Elevated <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
<b>Was enzyme analysis for TFP enzyme activity completed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<p style="text-align: right;">[IF YES]</p> <p>Was enzyme activity:</p> <input type="checkbox"/> Consistent with disease <input type="checkbox"/> Normal activity (not consistent with disease) <input type="checkbox"/> Unknown

<p><b>Was functional analysis of fatty acid oxidation in cultured fibroblasts performed?</b></p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Unknown</p>	<p>[IF YES]</p> <p>Was functional fibroblast analysis:</p> <p><input type="checkbox"/> Consistent with disease  <input type="checkbox"/> Normal activity (not consistent with disease)  <input type="checkbox"/> Unknown</p>
<p><b>Molecular Genetics</b></p>	
<p><b>Was a mutation analysis done?</b></p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Unknown</p>	<p>[IF YES]</p> <p>What genes were included in the mutation analysis? (select all that apply)</p> <p><input type="checkbox"/> <i>HADHA</i>  <input type="checkbox"/> <i>HADHB</i>  <input type="checkbox"/> Other gene: _____</p>
	<p>[For each gene selected]</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  <input type="checkbox"/> Variant of unknown significance  <input type="checkbox"/> Variant of unknown significance (predicted to be pathogenic)  <input type="checkbox"/> Wild Type (Normal)  <input type="checkbox"/> Unknown</p> <p><i>Allele 2:</i></p> <p><input type="checkbox"/> Variant known to be disease causing  <input type="checkbox"/> Variant of unknown significance  <input type="checkbox"/> Variant of unknown significance (predicted to be pathogenic)  <input type="checkbox"/> Wild Type (Normal)  <input type="checkbox"/> Unknown</p>

## Very Long-chain acyl-CoA Dehydrogenase Deficiency (VLCAD)

Enzymatic	
<b>Were plasma acylcarnitines tested?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<p style="text-align: center;">[IF YES]</p> <p>Was C14:1 level:</p> <input type="checkbox"/> Elevated (on more than one sample) <input type="checkbox"/> Normal <input type="checkbox"/> Unknown
	<p>Was C14:2-OH level:</p> <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown
	<p>Was C14 level:</p> <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown
<b>Was enzyme analysis for VLCAD enzyme activity completed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<p style="text-align: center;">[IF YES]</p> <p>Was enzyme activity:</p> <input type="checkbox"/> Consistent with disease <input type="checkbox"/> Normal activity (not consistent with disease) <input type="checkbox"/> Unknown
<b>Was functional analysis of fatty acid oxidation in cultured fibroblasts performed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<p style="text-align: center;">[IF YES]</p> <p>Was functional fibroblast analysis:</p> <input type="checkbox"/> Consistent with disease <input type="checkbox"/> Normal activity (not consistent with disease) <input type="checkbox"/> Unknown
Molecular Genetics	
<b>Was a mutation analysis done?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<p style="text-align: center;">[IF YES]</p> <p>What genes were included in the mutation analysis? (select all that apply)</p> <input type="checkbox"/> <i>ACADVL</i> <input type="checkbox"/> Other gene: _____

*[For each gene selected]*

Check the types of variants found on:

*Allele 1:*

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

*Allele 2:*

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

## Amino Acid Disorders

### Argininosuccinic Acidemia/ Aciduria (ASA)

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

- Argininosuccinic Acidemia/ Aciduria (ASA)
- Pyruvate carboxylase deficiency
- Unknown

Enzymatic	
<b>Were plasma amino acids tested?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<i>[IF YES]</i>  Was plasma ASA level: <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown  Was Citrulline level: <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown
<b>Were plasma urine acids tested?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<i>[IF YES]</i>  Was urine ASA level? <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown  Was urine Citrulline level? <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown
<b>Was enzyme analysis for ASA enzyme activity completed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<i>[IF YES]</i>  Was enzyme analysis: <input type="checkbox"/> Consistent with disease <input type="checkbox"/> Normal activity (not consistent with disease) <input type="checkbox"/> Unknown
Molecular Genetics	

<b>Was a mutation analysis done?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<b>[IF YES]</b> What genes were included in the mutation analysis? (select all that apply) <input type="checkbox"/> <i>ASL</i> <input type="checkbox"/> Other gene: _____
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<b>[For each gene selected]</b> Check the types of variants found on:	<b><i>Allele 1:</i></b> <input type="checkbox"/> Variant known to be disease causing <input type="checkbox"/> Variant of unknown significance <input type="checkbox"/> Variant of unknown significance (predicted to be pathogenic) <input type="checkbox"/> Wild Type (Normal) <input type="checkbox"/> Unknown  <b><i>Allele 2:</i></b> <input type="checkbox"/> Variant known to be disease causing <input type="checkbox"/> Variant of unknown significance <input type="checkbox"/> Variant of unknown significance (predicted to be pathogenic) <input type="checkbox"/> Wild Type (Normal) <input type="checkbox"/> Unknown
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## Citrullinemia, Type I (CIT)

Final diagnosis as determined by a metabolic geneticist or clinician performing following-up

- Citrullinemia, Type I
- Pyruvate Carboxylase Deficiency
- Unknown

Enzymatic	
<b>Were plasma amino acids tested?</b>	<p style="text-align: center;">[IF YES]</p> <p>Was plasma ASA level:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Present</li> <li><input type="checkbox"/> Absent</li> <li><input type="checkbox"/> Unknown</li> </ul> <p>Was Citrulline level:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Elevated</li> <li><input type="checkbox"/> Normal</li> <li><input type="checkbox"/> Unknown</li> </ul>
<b>Was blood ammonia levels tested?</b>	<p style="text-align: center;">[IF YES]</p> <p>Was blood ammonia level:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Elevated</li> <li><input type="checkbox"/> Normal</li> <li><input type="checkbox"/> Unknown</li> </ul>
<b>Was enzyme analysis for Citrullinemia type 1 enzyme activity completed?</b>	<p style="text-align: center;">[IF YES]</p> <p>Was enzyme analysis:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Consistent with disease</li> <li><input type="checkbox"/> Normal activity (not consistent with disease)</li> <li><input type="checkbox"/> Unknown</li> </ul>
Molecular Genetics	
<b>Was a mutation analysis done?</b>	<p style="text-align: center;">[IF YES]</p> <p>What genes were included in the mutation analysis? (select all that apply)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> ASS1</li> <li><input type="checkbox"/> Other gene: _____</li> </ul>

*[For each gene selected]*

Check the types of variants found on:

*Allele 1:*

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

*Allele 2:*

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

## Classic Phenylketonuria (PKU) and Hyperphenylalaninemia (Hyperphe)

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

- Classic phenylketonuria (PKU)
- Benign hyperphenylalaninemia (H-PHE)
- HyperPhe diet controlled
- Dihydropterine reductase deficiency (DHPR)
- DNAJC12
- Parenteral nutrition
- Maternal PKU
- Unknown

Enzymatic	
<b>Were plasma amino acids tested?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<p style="text-align: center;">[IF YES]</p> <p>Was Phe level:</p> <input type="checkbox"/> Elevated (>120umol/L on unrestricted diet) <input type="checkbox"/> Normal <input type="checkbox"/> Unknown
	<p>Was Phe/Tyr level:</p> <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown
<b>Were biopterin studies done?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<p style="text-align: center;">[IF YES]</p> <p>Were biopterin studies:</p> <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Unknown
Molecular Genetics	
<b>Was a mutation analysis done?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<p style="text-align: center;">[IF YES]</p> <p>What genes were included in the mutation analysis? (select all that apply)</p> <input type="checkbox"/> PAH <input type="checkbox"/> Other gene: _____

*[For each gene selected]*

Check the types of variants found on:

*Allele 1:*

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

*Allele 2:*

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

## Homocystinuria (Cystathionine Beta-Synthase (CBS) Deficiency; HCY)

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

- Classic Homocystinuria
- Methionine Adenosyltransferase (MAT I/III Deficiency)
- Glycine n-methyltransferase (GNMT)
- Adenosylhomocysteine Hydrolase Deficiency
- Unknown

Enzymatic	
<b>Were plasma amino acids tested?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	[IF YES]  Was Methionine level: <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown
<b>Was plasma Homocysteine tested?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	[IF YES]  Was plasma Homocysteine level: <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown
<b>Was enzyme analysis for CBS enzyme activity completed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	[IF YES]  Was enzyme analysis: <input type="checkbox"/> Consistent with disease <input type="checkbox"/> Normal activity (not consistent with disease) <input type="checkbox"/> Unknown
Molecular Genetics	
<b>Was a mutation analysis done?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	[IF YES]  What genes were included in the mutation analysis? (select all that apply) <input type="checkbox"/> <i>CBS</i> <input type="checkbox"/> Other gene: _____

*[For each gene selected]*

Check the types of variants found on:

*Allele 1:*

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

*Allele 2:*

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

## Maple Syrup Urine Disease (MSUD)

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

- Classic
- Intermediate
- Thiamine-response
- Hydroxyprolinemia
- Unclassified
- Unknown

Enzymatic	
Were plasma amino acids tested?	<i>[IF YES]</i>  Was Alloisoleucine level: <ul style="list-style-type: none"><li><input type="checkbox"/> Elevated</li><li><input type="checkbox"/> Normal</li><li><input type="checkbox"/> Unknown</li></ul> Was Leucine level: <ul style="list-style-type: none"><li><input type="checkbox"/> Elevated</li><li><input type="checkbox"/> Normal</li><li><input type="checkbox"/> Unknown</li></ul> Was Isoleucine level: <ul style="list-style-type: none"><li><input type="checkbox"/> Elevated</li><li><input type="checkbox"/> Normal</li><li><input type="checkbox"/> Unknown</li></ul> Was Valine level: <ul style="list-style-type: none"><li><input type="checkbox"/> Elevated</li><li><input type="checkbox"/> Normal</li><li><input type="checkbox"/> Unknown</li></ul> Was Leu>Val level: <ul style="list-style-type: none"><li><input type="checkbox"/> Yes</li><li><input type="checkbox"/> No</li><li><input type="checkbox"/> Unknown</li></ul>

<p><b>Were urine organic acids tested?</b></p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Unknown</p>	<p>[IF YES]</p> <p>Was 2-ketoisocaproic acid level:  <input type="checkbox"/> Elevated  <input type="checkbox"/> Normal  <input type="checkbox"/> Unknown</p> <p>Was 2-OH Isovaleric acid level:  <input type="checkbox"/> Elevated  <input type="checkbox"/> Normal  <input type="checkbox"/> Unknown</p> <p>Was 2-ketomethyl valeric acid level  <input type="checkbox"/> Elevated  <input type="checkbox"/> Normal  <input type="checkbox"/> Unknown</p>
<p><b>Was enzyme analysis for MSUD enzyme activity completed?</b></p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Unknown</p>	<p>[IF YES]</p> <p>Was enzyme analysis:  <input type="checkbox"/> Consistent with disease  <input type="checkbox"/> Normal activity (not consistent with disease)  <input type="checkbox"/> Unknown</p>
<p><b>Molecular Genetics</b></p>	
<p><b>Was a mutation analysis done?</b></p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Unknown</p>	<p>[IF YES]</p> <p>What genes were included in the mutation analysis? (select all that apply)</p> <p><input type="checkbox"/> <i>DBT</i>  <input type="checkbox"/> <i>BCKDHB</i>  <input type="checkbox"/> <i>DLD</i>  <input type="checkbox"/> <i>BCKDHA</i>  <input type="checkbox"/> Other gene: _____</p>

*[For each gene selected]*

Check the types of variants found on:

*Allele 1:*

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

*Allele 2:*

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

## Tyrosinemia Type I (TYR-1)

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

- Tyrosinemia, Type I (hepatorenal)
- Transient Tyrosinemia of the neonate (TTN)
- Unknown

Enzymatic	
<b>Were plasma organic acids tested?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<p style="text-align: center;">[IF YES]</p> <p>Was plasma succinylacetone level:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Elevated</li><li><input type="checkbox"/> Normal</li><li><input type="checkbox"/> Unknown</li></ul> <p>Was plasma tyrosine level:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Elevated</li><li><input type="checkbox"/> Normal</li><li><input type="checkbox"/> Unknown</li></ul>
<b>Were urine organic acids tested?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<p style="text-align: center;">[IF YES]</p> <p>Was urine succinylacetone level:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Elevated</li><li><input type="checkbox"/> Normal</li><li><input type="checkbox"/> Unknown</li></ul> <p>Was urine tyrosine level:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Elevated</li><li><input type="checkbox"/> Normal</li><li><input type="checkbox"/> Unknown</li></ul>
<b>Was enzyme analysis for fumarylacetoacetate hydrolase completed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<p style="text-align: center;">[IF YES]</p> <p>Was enzyme analysis:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Consistent with disease</li><li><input type="checkbox"/> Normal activity (not consistent with disease)</li><li><input type="checkbox"/> Unknown</li></ul>
Molecular Genetics	

<b>Was a mutation analysis done?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<i>[IF YES]</i> What genes were included in the mutation analysis? (select all that apply) <input type="checkbox"/> <i>FAH</i> <input type="checkbox"/> Other gene: _____
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	<i>[For each gene selected]</i> 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 <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 <input type="checkbox"/> Variant of unknown significance (predicted to be pathogenic) <input type="checkbox"/> Wild Type (Normal) <input type="checkbox"/> Unknown
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# Endocrine Disorders

## Congenital Hypothyroidism (CH)

### Final Diagnosis as determined by clinician performing follow-up:

- Primary Congenital Hypothyroidism
- Secondary Congenital Hypothyroidism
- Subclinical Congenital Hypothyroidism
- TBG Deficiency (Thyroxine Binding Globulin) or other protein binding defect
- Transient Congenital Hypothyroidism
- Unknown

Enzymatic	
<b>Was Serum TSH tested?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<i>[IF YES]</i> What was the level: <input type="checkbox"/> TSH > 10 mU/L <input type="checkbox"/> TSH 6-10 mU/L <input type="checkbox"/> TSH <10 mU/L <input type="checkbox"/> TSH <6 mU/L <input type="checkbox"/> Unknown  Was it tested before initiation of treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<b>Was Serum Total T4 tested?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<i>[IF YES]</i> Was Serum Total T4 below the age-established reference range? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown  Was it tested before initiation of treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

<p><b>Was Serum Free T4 tested?</b></p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Unknown</p>	<p>[IF YES]</p> <p>Was Serum Free T4 below the age-established reference range?</p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Unknown</p> <p>Was it tested before initiation of treatment?</p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Unknown</p>
<p><b>Does this baby have other pituitary hormone deficiencies?</b></p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Unknown</p>	
<p><b>Does this baby have midline defects?</b></p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Unknown</p>	
<p><b>Was TBG tested?</b></p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Unknown</p>	<p>[IF YES]</p> <p>Was TBG below the age established reference range?</p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Unknown</p>
<p><b>Was T3 or T4 resin uptake tested?</b></p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Unknown</p>	<p>[IF YES]</p> <p>Was T3 or T4 resin uptake above the age-established reference range?</p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Unknown</p>

## Congenital Adrenal Hyperplasia (CAH)

Final Diagnosis as determined by clinician performing follow-up:

- Classic 21-Hydroxylase Deficiency-Salt Wasting
- Classic 21-Hydroxylase Deficiency-Simple Virilizing
- Other Adrenal disorder: other final diagnosis name \_\_\_\_\_
- Unknown

Enzymatic	
<b>Societal Sex</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown <input type="checkbox"/> Unspecified	
<b>Was confirmatory serum 17-OHP level obtained?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<i>[IF YES]</i> Was there a value at baseline: <input type="checkbox"/> >10,000 ng/dl <input type="checkbox"/> 1000-10,000 ng/dl; <input type="checkbox"/> < 1000 ng/dl; <input type="checkbox"/> Unknown  Was it tested before initiation of treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No  Was there a result after ACTH stimulation: <input type="checkbox"/> >10,000 ng/dl <input type="checkbox"/> 1000-10,000 ng/dl; <input type="checkbox"/> < 1000 ng/dl; <input type="checkbox"/> Unknown  Was it tested before initiation of treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Was tandem mass spectrometry urinary steroid profile obtained?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<i>[IF YES]</i> Were the urinary spectrometry steroid profile results: <input type="checkbox"/> Indicative of 21-Hydroxylase Deficiency CAH <input type="checkbox"/> Unknown

<p><b>Was serum sodium level measured before initiation of treatment?</b></p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Unknown</p>	<p>[IF YES]</p> <p>Was the sodium level:</p> <p><input type="checkbox"/> &lt; 135 mEq/L  <input type="checkbox"/> &gt; 135 mEq/L  <input type="checkbox"/> Unknown</p>
<p><b>Was plasma renin activity level measured at time of initiation of treatment?</b></p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Unknown</p>	<p>[IF YES]</p> <p>Was plasma renin activity normal for age?</p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Unknown</p> <p>Was it tested before initiation of treatment?</p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No</p>
<p><b>Clinical Results</b></p>	
<p><b>Is there evidence of salt wasting (e.g., shock or severe failure to thrive)?</b></p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Unknown</p>	
<p><b>Is there supportive clinical or laboratory evidence of CAH?</b></p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Unknown</p>	<p>[IF YES]</p> <p>Is the evidence (check all that apply):</p> <p><input type="checkbox"/> Ambiguous genitalia, with 46 XX karyotype  <input type="checkbox"/> Normal genitalia, with 46 XY karyotype  <input type="checkbox"/> Other hormonal evidence of CAH</p>
<p><b>Molecular Genetics</b></p>	
<p><b>Was mutation analysis done?</b></p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Unknown</p>	<p>[IF YES]</p> <p>What genes were included in the mutation analysis? (select all that apply)</p> <p><input type="checkbox"/> CYP21A2  <input type="checkbox"/> Other gene: _____</p>

*[For each gene selected]*

Check the types of variants found on:

*Allele 1*

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

*Allele 2*

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

# Hemoglobinopathies

## Presence of Hb S

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

- S, Beta 0-thalassemia – HB S/B0Th
- S,S Disease (Sickle Cell Anemia) – HbSS
- S, Beta + Thalassemia – HbS/B + Th
- S,C Disease – Hb S/C
- S, Other; other result name \_\_\_\_\_
- Unknown

Diagnostic Workup	
<b>Was qualitative (IEF or HPLC) testing completed?</b>	<i>[IF YES]</i> What were the results? <ul style="list-style-type: none"><li><input type="checkbox"/> FS</li><li><input type="checkbox"/> FSC</li><li><input type="checkbox"/> FSA</li><li><input type="checkbox"/> FSA<sub>2</sub></li><li><input type="checkbox"/> FSAA<sub>2</sub></li><li><input type="checkbox"/> Other; other result name _____</li><li><input type="checkbox"/> Unknown</li></ul>
<b>Was quantitative (HPLC or electrophoresis) testing completed?</b>	<i>[IF YES]</i> What were the results? <ul style="list-style-type: none"><li><input type="checkbox"/> FS</li><li><input type="checkbox"/> FSC</li><li><input type="checkbox"/> FS with high A<sub>2</sub></li><li><input type="checkbox"/> FSA with high A<sub>2</sub></li><li><input type="checkbox"/> FSA</li><li><input type="checkbox"/> Other; other result name _____</li><li><input type="checkbox"/> Unknown</li></ul>

<b>Was mutation analysis performed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<i>[IF YES]</i> Check the type of variant found on:  <i>Allele 1</i> <input type="checkbox"/> S <input type="checkbox"/> C <input type="checkbox"/> Beta + Thal <input type="checkbox"/> Beta <sup>0</sup> + Thal <input type="checkbox"/> Other; _____ <input type="checkbox"/> Unknown
<b>NBS result</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<i>[IF YES]</i>  What were the results? <input type="checkbox"/> FS <input type="checkbox"/> FSC <input type="checkbox"/> FSA <input type="checkbox"/> FSA <sub>2</sub> <input type="checkbox"/> Other <input type="checkbox"/> Unknown
<b>Was a CBC performed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<i>[IF YES]</i>  What were the results? <input type="checkbox"/> Normal – high MCV <input type="checkbox"/> Low MCV <input type="checkbox"/> Unknown

<p><b>Were family studies (in parents) done?</b></p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Unknown</p>	<p>[IF YES]</p> <p>Maternal Status: what were the results?</p> <p><input type="checkbox"/> Carrier S  <input type="checkbox"/> Carrier C  <input type="checkbox"/> Carrier <i>Beta + Thal</i>  <input type="checkbox"/> Carrier <i>Beta<sup>0</sup> Thal</i>  <input type="checkbox"/> Other: _____  <input type="checkbox"/> Unknown</p> <p>Paternal Status: what were the results?</p> <p><input type="checkbox"/> Carrier S  <input type="checkbox"/> Carrier C  <input type="checkbox"/> Carrier <i>Beta + Thal</i>  <input type="checkbox"/> Carrier <i>Beta<sup>0</sup> Thal</i>  <input type="checkbox"/> Other: _____  <input type="checkbox"/> Unknown</p>
<p><b>Was there a positive family history?</b></p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Unknown</p>	
<p><b>Were HPLC &amp; IEF tested on the same sample from the infant?</b></p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Unknown</p>	<p>[IF YES]</p> <p>What were the results?</p> <p><input type="checkbox"/> FS  <input type="checkbox"/> FSC  <input type="checkbox"/> FSA<sub>2</sub>  <input type="checkbox"/> FSAA<sub>2</sub>  <input type="checkbox"/> Other  <input type="checkbox"/> Unknown</p>
<p><b>Were Hgb tests (electrophoresis or HPLC) performed on family members?</b></p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Unknown</p>	<p>[IF YES]</p> <p>What were the results?</p> <p><input type="checkbox"/> Positive  <input type="checkbox"/> Negative  <input type="checkbox"/> Unknown</p>

## Presence of Other Hb Variant

*\*This is a Secondary RUSP Condition*

**Final diagnosis as determined by a clinician performing the follow-up:**

- Hemoglobin C Disease
- Hemoglobin D Disease
- Hemoglobin E Disease
- Hemoglobin O-Arab Disease
- Other Hemoglobin Disease; please describe
- Unknown

Diagnostic Workup	
<b>Alpha thalassemia present?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
<b>Was qualitative (IEF or HPLC) testing completed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<i>[IF YES]</i> What were the results? <input type="checkbox"/> FC <input type="checkbox"/> FD <input type="checkbox"/> FE <input type="checkbox"/> FO <sub>ARAB</sub> <input type="checkbox"/> Other; other result name _____ <input type="checkbox"/> Unknown
<b>Was quantitative (HPLC or electrophoresis) testing completed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<i>[IF YES]</i> What were the results? <input type="checkbox"/> FC <input type="checkbox"/> FD <input type="checkbox"/> FE <input type="checkbox"/> FO <sub>ARAB</sub> <input type="checkbox"/> Other; other result name _____ <input type="checkbox"/> Unknown

<b>Was mutation analysis performed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<b>[IF YES]</b> Check the type of variant found on allele 1: <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> $O_{ARAB}$ <input type="checkbox"/> Other; other name _____ <input type="checkbox"/> Unknown  Check the type of variant found on allele 2: <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> E <input type="checkbox"/> $O_{ARAB}$ <input type="checkbox"/> <i>Beta + Thal</i> <input type="checkbox"/> $Beta^0 + Thal$ <input type="checkbox"/> Other; other name _____ <input type="checkbox"/> Unknown
<b>NBS result</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<b>[IF YES]</b> 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; other result name _____ <input type="checkbox"/> Unknown
<b>Was a CBC performed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<b>[IF YES]</b> What were the results? <input type="checkbox"/> Normal – high MCV <input type="checkbox"/> Low MCV

<p><b>Were family studies (in parents) done?</b></p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Unknown</p>	<p>Maternal Status: what were the results?</p> <p><input type="checkbox"/> Carrier <i>C</i>  <input type="checkbox"/> Carrier <i>D</i>  <input type="checkbox"/> Carrier <i>E</i>  <input type="checkbox"/> Carrier <i>O<sub>Arab</sub></i>  <input type="checkbox"/> Carrier <i>Beta + Thal</i>  <input type="checkbox"/> Carrier <i>Beta<sup>0</sup> Thal</i>  <input type="checkbox"/> Other: _____  <input type="checkbox"/> Unknown</p> <p>Paternal Status: what were the results?</p> <p><input type="checkbox"/> Carrier <i>C</i>  <input type="checkbox"/> Carrier <i>D</i>  <input type="checkbox"/> Carrier <i>E</i>  <input type="checkbox"/> Carrier <i>O<sub>Arab</sub></i>  <input type="checkbox"/> Carrier <i>Beta + Thal</i>  <input type="checkbox"/> Carrier <i>Beta<sup>0</sup> Thal</i>  <input type="checkbox"/> Other: _____  <input type="checkbox"/> Unknown</p>
<p><b>Was there a positive family history?</b></p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Unknown</p>	
<p><b>Were Hgb tests (electrophoresis or HPLC) performed on family members?</b></p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Unknown</p>	<p>[IF YES]</p> <p>What were the results?</p> <p><input type="checkbox"/> Positive  <input type="checkbox"/> Negative  <input type="checkbox"/> Unknown</p>

# Lysosomal Storage Disorders

*Note: Case Confirmatory Diagnosis Follow-up for Mucopolysaccharidosis Type II (MPS II) is in development*

## Mucopolysaccharidosis Type I (MPS I)

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

- MPS I—Severe
- MPS I—Severity not determined
- MPS I—attenuated
- Uncertain Type/Onset
- Unknown

Enzymatic	
<b>Was enzyme activity tested?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	[IF YES] What was the enzyme level? <input type="checkbox"/> Within lab known affected range <input type="checkbox"/> Normal <input type="checkbox"/> Unknown
<b>Were urine GAGS tested?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	[IF YES] What was the urine GAG level? <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown

<p><b>Clinical symptoms/lab findings?</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Symptoms present and documented by specialists. Public health (PH) program continued to collect data through the development of symptoms</li> <li><input type="checkbox"/> No symptoms by the time the PH Program closes follow-up (either due to child being lost to follow-up OR program policy on follow-up time)</li> <li><input type="checkbox"/> Unknown</li> </ul>	<p><i>Clinical symptoms consistent with MPS-I include: Hepatosplenomegaly, Coarse facial features, Hydrocephalus, Skeletal deformities (dysostosis multiplex), Corneal clouding, Large tongue, Prominent forehead, Joint stiffness, Short stature, frequent ear infections and hearing loss, hernia</i></p>
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Molecular Genetics	
<p><b>Were variants detected in genes known to be associated with MPS I?</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Yes</li> <li><input type="checkbox"/> No</li> <li><input type="checkbox"/> Unknown</li> </ul>	<p><i>[IF YES]</i> Check the types of variants found on:</p> <p><i>Allele 1:</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Pathogenic variant and associated with SEVERE disease</li> <li><input type="checkbox"/> Pathogenic or likely pathogenic variant</li> <li><input type="checkbox"/> Variant of unknown significance</li> <li><input type="checkbox"/> Variant known to be associated with ATTENUATED disease.</li> <li><input type="checkbox"/> Wild Type (Normal)</li> <li><input type="checkbox"/> Unknown</li> </ul> <p><i>Allele 2:</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Pathogenic variant and associated with SEVERE disease</li> <li><input type="checkbox"/> Pathogenic or likely pathogenic variant</li> <li><input type="checkbox"/> Variant of unknown significance</li> <li><input type="checkbox"/> Variant known to be associated with ATTENUATED disease.</li> <li><input type="checkbox"/> Wild Type (Normal)</li> <li><input type="checkbox"/> Unknown</li> </ul>

## Pompe Disease

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

- Infantile Onset (IO) Pompe Disease
- Late Onset (LO) Pompe Disease
- Uncertain Type/Onset
- Unknown

Enzymatic	
<b>Was enzyme activity tested in blood (not DBS sample)?</b>	<p style="text-align: right;">[IF YES]</p> <p>What was the enzyme level?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Within lab known affected range for infantile onset (IO)</li> <li><input type="checkbox"/> Low (above affected range, for IO, may or may not be in late-onset (LO range), but should not be above LO range))</li> <li><input type="checkbox"/> Within lab known affected range for late onset (LO)</li> <li><input type="checkbox"/> Low (above affected range, for LO not normal)</li> <li><input type="checkbox"/> Unknown</li> </ul>
<b>Was enzyme activity tested in skin/muscle?</b>	<p style="text-align: right;">[IF YES]</p> <p>What was the enzyme activity?</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Positive skin or muscle biopsy</li> <li><input type="checkbox"/> Unknown</li> </ul>
<b>Was there cardiac involvement consistent with Pompe?</b>	<p style="text-align: right;">[IF YES]</p> <p>Findings:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Positive findings on chest X-ray/EKG/ECHO in newborn period</li> <li><input type="checkbox"/> Positive findings on chest X-ray/EKG/ECHO</li> </ul>
<b>Lab findings for CK/AST/ALT/LDH/Urine Hex4?</b>	
<ul style="list-style-type: none"> <li><input type="checkbox"/> Elevated</li> <li><input type="checkbox"/> Not Present</li> <li><input type="checkbox"/> Unknown</li> <li><input type="checkbox"/> Untested</li> </ul>	

<p><b>Were there any clinical findings?</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Symptoms present after one year of age and documented by specialists. PH program continue to collect data through the development of symptoms</li> <li><input type="checkbox"/> Symptoms present before one year of age, but no cardiac involvement</li> <li><input type="checkbox"/> Unknown or not reported to PH by the end of the follow-up period</li> </ul>	<p><i>Clinical symptoms consistent with Pompe Disease: progressive muscle weakness, need for respiratory assistance, swaying gait or waddle, Lordosis, kyphosis, or scoliosis</i></p>
<p><b>Molecular Genetics</b></p>	

<p><b>Were variants detected in genes known to be associated with Pompe Disease?</b></p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Unknown</p>	<p><i>[IF YES]</i></p> <p>Check the types of variants found on:</p> <p><i>Allele 1:</i></p> <p><input type="checkbox"/> Pathogenic  <input type="checkbox"/> Pathogenic variant and associated with infantile onset  <input type="checkbox"/> Novel variant that is likely pathogenic  <input type="checkbox"/> Pathogenic variant or likely pathogenic variant, with deletion or duplication consistent with infantile onset  <input type="checkbox"/> Pathogenic and associated with non-classical disease, or variant of uncertain significance  <input type="checkbox"/> Pathogenic or likely pathogenic variant, no other variants found; duplication/deletion testing not done or not known  <input type="checkbox"/> Pathogenic or likely pathogenic variant; no other variants found  <input type="checkbox"/> Wild Type (Normal)  <input type="checkbox"/> Unknown</p> <p><i>Allele 2:</i></p> <p><input type="checkbox"/> Pathogenic  <input type="checkbox"/> Pathogenic variant and associated with infantile onset  <input type="checkbox"/> Novel variant that is likely pathogenic  <input type="checkbox"/> Pathogenic variant or likely pathogenic variant, with deletion or duplication consistent with infantile onset  <input type="checkbox"/> Pathogenic and associated with non-classical disease, or variant of uncertain significance  <input type="checkbox"/> Pathogenic or likely pathogenic variant, no other variants found; duplication/deletion testing not done or not known  <input type="checkbox"/> Pathogenic or likely pathogenic variant; no other variants found  <input type="checkbox"/> Wild Type (Normal)  <input type="checkbox"/> Unknown</p>
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# Other Disorders

## Biotinidase Deficiency (BIOT)

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

- Profound Biotinidase deficiency
- Partial Biotinidase deficiency
- Unknown

Enzymatic	
<b>Was enzyme analysis for biotinidase enzyme activity completed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<i>[IF YES]</i> Was enzyme activity: <input type="checkbox"/> <10% <input type="checkbox"/> 10-30% <input type="checkbox"/> Normal <input type="checkbox"/> Unknown
Molecular Genetics	
<b>Was a mutation analysis performed for biotinidase deficiency?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<i>[IF YES]</i> What genes were included in the mutation analysis? (select all that apply) <input type="checkbox"/> BTD <input type="checkbox"/> Other gene: _____
	<i>[For all genes selected]</i> <b>Check the types of variants found on:</b> <i>Allele 1:</i> <input type="checkbox"/> Variant known to be disease causing (Unknown) <input type="checkbox"/> Variant known to be disease causing (known to be associated with profound enzyme deficiency) <input type="checkbox"/> Variant known to be disease causing (known to be associated with partial enzyme deficiency ["mild" mutation (D44H)]) <input type="checkbox"/> Variant of unknown significance <input type="checkbox"/> Wild Type (Normal) <input type="checkbox"/> Unknown  <i>Allele 2:</i> <input type="checkbox"/> Variant known to be disease causing (Unknown) <input type="checkbox"/> Variant known to be disease causing (known to be associated with profound enzyme deficiency) <input type="checkbox"/> Variant known to be disease causing (known to be associated with partial enzyme deficiency ["mild" mutation (D44H)]) <input type="checkbox"/> Variant of unknown significance <input type="checkbox"/> Wild Type (Normal) <input type="checkbox"/> Unknown

## Galactosemia (GALT)

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

- Classic Galactosemia
- Duarte variant galactosemia
- Unknown

Enzymatic	
<b>Were GALT levels tested?</b>	<if yes=""> <p style="text-align: right;">[IF YES]</p> <p>Was GALT level:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> &lt;10%</li> <li><input type="checkbox"/> 10-30%</li> <li><input type="checkbox"/> Normal</li> <li><input type="checkbox"/> Unknown</li> </ul> </if>
<b>Was Gal-1-P tested?</b>	<if yes=""> <p style="text-align: right;">[IF YES]</p> <p>Was Gal-1-P level:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Elevated</li> <li><input type="checkbox"/> Normal</li> <li><input type="checkbox"/> Unknown</li> </ul> </if>
<b>Was Urine Galactitol tested?</b>	<if yes=""> <p style="text-align: right;">[IF YES]</p> <p>Was Urine Galactitol level:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Elevated</li> <li><input type="checkbox"/> Normal</li> <li><input type="checkbox"/> Unknown</li> </ul> </if>
<b>If Variant Galactosemia, was protein phenotyping completed?</b>	<if yes=""> <p style="text-align: right;">[IF YES]</p> <p>Did result indicate:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Phenotype consistent with variant</li> <li><input type="checkbox"/> Phenotype NOT consistent with variant</li> <li><input type="checkbox"/> Unknown</li> </ul> </if>
<b>If Arginase Deficiency, were enzyme studies completed?</b>	<if yes=""> <p style="text-align: right;">[IF YES]</p> <p>Was enzyme activity:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Consistent with disease</li> <li><input type="checkbox"/> Normal activity (not consistent with disease)</li> <li><input type="checkbox"/> Unknown</li> </ul> </if>
Molecular Genetics	

<p><b>Was a mutation analysis done?</b></p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Unknown</p>	<p><i>[IF YES]</i></p> <p>What genes were included in the mutation analysis?  (select all that apply)</p> <p><input type="checkbox"/> Galactosemia  <input type="checkbox"/> Other gene: _____</p>
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	<p><i>[For each gene selected]</i></p> <p><b>Check the types of variants found on:</b></p> <p><i>Allele 1</i></p> <p><input type="checkbox"/> Variant known to be disease causing  <input type="checkbox"/> Variant of unknown significance  <input type="checkbox"/> Variant of unknown significance (predicted to be pathogenic)  <input type="checkbox"/> Wild Type (Normal)  <input type="checkbox"/> Unknown</p> <p><i>Allele 2</i></p> <p><input type="checkbox"/> Variant known to be disease causing  <input type="checkbox"/> Variant of unknown significance  <input type="checkbox"/> Variant of unknown significance (predicted to be pathogenic)  <input type="checkbox"/> Wild Type (Normal)  <input type="checkbox"/> Unknown</p>
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## Cystic Fibrosis

**Final diagnosis as determined by a metabolic geneticist or clinician performing following-up:**

- CFTR-Related Metabolic Syndrome (CRMS)
- CFTR-Related Disease
- Typical Cystic Fibrosis (CF)
- Unknown

Diagnostic Workup	
<b>Did the NBS result indicate an elevated IRT?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
<b>Were CFTR mutations detected on the <u>newborn screening</u> mutation panel?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<p><i>[IF YES]</i></p> <p><i>Check the type of variant found on allele 1:</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Variant known to be disease causing in CFTR2</li> <li><input type="checkbox"/> Variant known to be disease causing in CFTR2 (shown to be associated with lower sweat chlorides)</li> <li><input type="checkbox"/> Neutral variant</li> <li><input type="checkbox"/> Variant of varying clinical consequence in CFTR2</li> <li><input type="checkbox"/> Wild Type (Normal)</li> <li><input type="checkbox"/> Unknown (not reported in CFTR2)</li> </ul> <p><i>Check the type of variant found on allele 1:</i></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Variant known to be disease causing in CFTR2</li> <li><input type="checkbox"/> Variant known to be disease causing in CFTR2 (shown to be associated with lower sweat chlorides)</li> <li><input type="checkbox"/> Neutral variant</li> <li><input type="checkbox"/> Variant of varying clinical consequence in CFTR2</li> <li><input type="checkbox"/> Wild Type (Normal)</li> <li><input type="checkbox"/> Unknown (not reported in CFTR2)</li> </ul>
<b>Did the child have meconium ileus?</b>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

<p><b>Was a valid sweat chloride result available?</b></p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Unknown</p>	<p><i>[IF YES]</i></p> <p>What were the sweat test results (please report on the highest sweat chloride value from one sweat test)?</p> <p><input type="checkbox"/> <math>\geq 60</math> mmol/L (regardless of age)  <input type="checkbox"/> <math>&lt;30</math> mmol/L (if age <math>&lt;6</math> months)  <input type="checkbox"/> 30-59 mmol/L (if age <math>&lt;6</math> months)  <input type="checkbox"/> <math>&lt;40</math> mmol/L (if age <math>\geq 6</math> months)  <input type="checkbox"/> 40-59 mmol/L (if age <math>\geq 6</math> months)  <input type="checkbox"/> Quantity not Sufficient</p> <p><i>[IF NO]</i></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  <input type="checkbox"/> No  <input type="checkbox"/> Unknown</p>
<p><b>Was a sweat chloride repeated on a separate day? (Results from different arm on the same day should NOT be reported here)</b></p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Unknown</p>	<p><i>[IF YES]</i></p> <p>What were the repeat sweat test results (please report on the highest sweat chloride value from one sweat test)?</p> <p><input type="checkbox"/> <math>\geq 60</math> mmol/L (regardless of age)  <input type="checkbox"/> <math>&lt;30</math> mmol/L (if age <math>&lt;6</math> months)  <input type="checkbox"/> 30-59 mmol/L (if age <math>&lt;6</math> months)  <input type="checkbox"/> <math>&lt;40</math> mmol/L (if age <math>\geq 6</math> months)  <input type="checkbox"/> 40-59 mmol/L (if age <math>\geq 6</math> months)  <input type="checkbox"/> Quantity not sufficient (QNS)</p>

<p><b>Was a CFTR mutation panel completed <u>after</u> the newborn screening mutation panel?</b></p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Unknown</p> <p><i>Mutations seen in patients with CF have been classified as disease-causing, neutral, or varying clinical consequences through the CFTR2 project: <a href="http://cftr2.org/browse.php">http://cftr2.org/browse.php</a>. Additional information about the mutation and the association with lower sweat chlorides can also be found at CFTR2.</i></p>	<p>[IF YES]</p> <p><i>Check the type of variant found on allele 1:</i></p> <p><input type="checkbox"/> Variant known to be disease causing in CFTR2  <input type="checkbox"/> Variant known to be disease causing in CFTR2 (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> <p><i>Check the type of variant found on allele 2:</i></p> <p><input type="checkbox"/> Variant known to be disease causing in CFTR2  <input type="checkbox"/> Variant known to be disease causing in CFTR2 (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>
<p><b>If the child was diagnosed after the newborn period, were clinical symptoms associated with CFTR Related Disease present? Select NA if the child was diagnosed during the newborn period.</b></p> <p><input type="checkbox"/> Present  <input type="checkbox"/> Not Present  <input type="checkbox"/> Unknown  <input type="checkbox"/> Not applicable</p>	<p>[IF PRESENT]</p> <p>Select all symptoms included:</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>

Summary of common variants as reported on CFTR2 (this is not an exhaustive list; please visit [www.CFTR2.org](http://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	<b>1078delT</b>	No	CF-causing	NO
c.579+3A>G	p.Phe342HisfsX28	<b>1154insTC</b>	No	CF-causing	NO
c.3454G>C	No protein name	<b>1717-1G-&gt;A</b>	Yes	CF-causing	NO
c.3208C>T	No protein name	<b>1811+1.6kba-&gt;G</b>	No	CF-causing	NO
c.3154T>G	No protein name	<b>1898+1G-&gt;A</b>	Yes	CF-causing	NO
c.1585-1G>A	p.Leu671X	<b>2143delT</b>	No	CF-causing	NO
c.1680-1G>A	p.Lys684SerfsX38	<b>2183AA-&gt;G</b>	No	CF-causing	NO
c.1766+1G>A	p.Lys684AsnfsX38	<b>2184delA</b>	Yes	CF-causing	NO
c.2490+1G>A	p.Gln685ThrfsX4	<b>2184insA</b>	No	CF-causing	NO
c.2988+1G>A	p.Glu726ArgfsX4	<b>2307insA</b>	No	CF-causing	NO
c.1736A>G	No protein name	<b>2789+5G-&gt;A</b>	Yes	CF-causing	NO
c.1408A>G	No protein name	<b>3120+1G-&gt;A</b>	Yes	CF-causing	NO
c.1841A>G	No protein name	<b>3120G-&gt;A</b>	No	CF-causing	NO
c.2991G>C	No protein name	<b>3272-26A-&gt;G</b>	No	CF-causing	NO
c.489+1G>T	p.Lys1177SerfsX15	<b>3659delC</b>	Yes	CF-causing	NO
c.350G>A	No protein name	<b>3849+10kbc-&gt;T</b>	Yes	CF-causing	NO
c.4242+1G>T	p.Leu1258PhefsX7	<b>3905inst</b>	No	CF-causing	NO
c.3718-1G>A	p.Leu881IlefsX22	<b>394delTT</b>	No	CF-causing	NO
c.1240C>T	No protein name	<b>5T</b>	No	Indeterminate	YES
c.2260G>A	No protein name	<b>621+1G-&gt;T</b>	Yes	CF-causing	NO
c.1727G>C	No protein name	<b>711+1G-&gt;T</b>	Yes	CF-causing	NO
c.220C>T	No protein name	<b>711+5G-&gt;A</b>	No	CF-causing	NO
c.2834C>T	p.Ala455Glu	<b>A455E</b>	Yes	CF-causing	NO
c.1675G>A	p.Ala559Thr	<b>A559T</b>	No	CF-causing	NO
c.1127_1128insA	p.Ser18ArgfsX16	<b>CFTRdel2,3</b>	No	CF-causing	NO
c.1202G>A or c.1203G>A	p.Asp1152His	<b>D1152H</b>	No	Indeterminate	YES
c.1923_1931del9insA	p.Glu60X	<b>E60X</b>	No	CF-causing	NO
c.1679G>C	p.Phe508del	<b>F508del</b>	Yes	CF-causing	NO
c.3160C>G	p.Gly1244Glu	<b>G1244E</b>	No	CF-causing	NO
c.4046G>A	p.Gly178Glu	<b>G178R</b>	No	CF-causing	NO
c.4196_4197delTC	p.Gly542X	<b>G542X</b>	Yes	CF-causing	NO
c.3731G>A	p.Gly551Asp	<b>G551D</b>	Yes	CF-causing	NO
c.3197G>A	p.Gly85Glu	<b>G85E</b>	Yes	CF-causing	NO
c.2657+2_2657+3insA	p.Ile1027Thr	<b>I1027T</b>	No	Not CF-causing	NO
c.1673T>C	p.Ile148Thr	<b>I148T</b>	No	Not CF-causing	NO

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

## Severe Combined Immunodeficiencies (SCID)

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

- Classic SCID
- Leaky SCID
- Omenn Syndrome
- Unknown

Diagnostic Workup	
<b>Was the CD3 T cell level tested?</b>	<p>[IF YES]</p> <p>What was the CD3 T cell level?</p> <ul style="list-style-type: none"><li><input type="checkbox"/> &lt;300 autologous T cells, undetectable or very few naïve T cells</li><li><input type="checkbox"/> 300-1500, few naïve T cells, oligoclonal T cells, or poor T cell diversity</li><li><input type="checkbox"/> &gt;80% CD45RO+</li><li><input type="checkbox"/> Any number (not zero)</li><li><input type="checkbox"/> Untested/Unknown</li></ul>
<b>Was proliferation to PHA test done?</b>	<p>[IF YES]</p> <p>Proliferation to PHA:</p> <ul style="list-style-type: none"><li><input type="checkbox"/> &lt;10% of normal</li><li><input type="checkbox"/> 10-50% of normal PHA</li><li><input type="checkbox"/> 10-30% normal PHA or Absent to Candida/TT</li><li><input type="checkbox"/> &lt;30% of normal</li><li><input type="checkbox"/> Any/Unknown</li></ul>
<b>Was maternal engraftment documented?</b>	
Molecular Genetics	

<p><b>Was mutation analysis done?</b></p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Unknown</p>	<p><i>[IF YES]</i></p> <p><b>Were variants detected in the genes known to be associated with SCID?</b></p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Unknown</p> <p><i>[IF YES]</i></p> <p><i>Check the type of variant found on allele 1:</i></p> <p><input type="checkbox"/> Pathogenic variant in a known SCID gene  <input type="checkbox"/> Pathogenic variant in a known SCID gene on X chromosome in a male  <input type="checkbox"/> Pathogenic variant in a known SCID gene known to be associated with leaky SCID (previously reported or in a gene previously associated with combined immunodeficiency)  <input type="checkbox"/> Wild Type (Normal)  <input type="checkbox"/> Untested/Unknown</p> <p><i>Check the type of variant found on allele 2:</i></p> <p><input type="checkbox"/> Pathogenic variant in a known SCID gene  <input type="checkbox"/> Pathogenic variant in a known SCID gene known to be associated with leaky SCID (previously reported or in a gene previously associated with immunodeficiency)  <input type="checkbox"/> Wild Type (Normal)  <input type="checkbox"/> Untested/Unknown</p>
	<p><i>[IF variants detected=YES]</i></p> <p><b>Was 22q1 deletion assessed?</b></p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Unknown</p>
	<p><i>[IF variants detected=YES]</i></p> <p><b>Were homozygous or compound heterozygous FOXN1 mutations assessed?</b></p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Unknown</p>

*[IF variants detected=YES]*

**Were heterozygous *TBX1* variants assessed?**

- Yes
- No
- Unknown

## Critical Congenital Heart Disease (CCHD)

### What was the final diagnosis?

- CCHD
- Non-critical CCHD
- Other
- Unknown

Diagnostic Workup	
	<p><i>[IF CCHD SELECTED]</i></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Truncus Arteriosus</li><li><input type="checkbox"/> Total Anomalous Pulmonary Venous Connection</li><li><input type="checkbox"/> Tetralogy of fallot</li><li><input type="checkbox"/> Pulmonary Atresia</li><li><input type="checkbox"/> Ebstein's Anomaly</li><li><input type="checkbox"/> Hypoplastic Left Heart Syndrome</li><li><input type="checkbox"/> Single ventricle</li><li><input type="checkbox"/> Tricuspid atresia</li><li><input type="checkbox"/> Transposition of the great arteries</li><li><input type="checkbox"/> Double outlet right ventricle</li><li><input type="checkbox"/> Coarctation of aorta</li><li><input type="checkbox"/> Interrupted arch</li><li><input type="checkbox"/> Aortic valve disease</li></ul> <p>If Other selected; please specify_____</p>

Please answer the following:	If Yes, what were the results of the postnatal echocardiogram? <i>(select all that apply)</i>
<b>Was a Postnatal Echocardiogram Completed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<b>Truncus Arteriosus</b> <input type="checkbox"/> Truncus arteriosus <input type="checkbox"/> Truncus arteriosus + Interrupted aortic arch  <b>Total Anomalous Pulmonary Venous Connection (TAPVC)</b> <input type="checkbox"/> Type1 (supracardiac) <input type="checkbox"/> Type 2 (cardiac) <input type="checkbox"/> Type 3 (infracardiac) <input type="checkbox"/> Type 4 (mixed)

**Tetralogy of Fallot (TOF)**

- TOF
- TOF, Pulmonary stenosis
- TOF, AVCanal (AVSD)
- TOF, Absent pulmonary valve

**Pulmonary Artesia**

- Pulmonary atresia
- Pulmonary atresia, IVS
- Pulmonary atresia, VSD (Including TOF, PA)
- Pulmonary atresia, VSD-MAPCA

**Ebstein's Anomaly**

- Ebstein's anomaly

**Hypoplastic Left Heart Syndrome (HLHS)**

- Hypoplastic left heart syndrome

**Single Ventricle**

- Single ventricle, DILV
- Single ventricle, DIRV
- Single ventricle, Mitral atresia
- Single ventricle, Unbalanced AV canal
- Single ventricle, Heterotaxia syndrome
- Single ventricle, Other
- Single ventricle + Total anomalous pulmonary venous connection (TAPVC)

**Tricuspid Artesia**

- Single ventricle, Tricuspid atresia

**Transposition of the Great Arteries (TGA)**

- d-TGA, IVS
- d-TGA, IVS-LVOTO
- d-TGA, VSD
- d-TGA, VSD-LVOTO

**Double Outlet Right Ventricle (DORV)**

- DORV, VSD type
- DORV, TOF type
- DORV, TGA type
- DORV, Remote VSD (uncommitted VSD)
- DORV + AVSD (AV Canal)
- DORV, IVS
- DORV, Remote VSD (uncommitted VSD)

**Coarctation of Aorta**

- Coarctation of aorta
- Aortic arch hypoplasia
- VSD + Aortic arch hypoplasia
- VSD + Coarctation of aorta

	<p><b>Interrupted Arch</b></p> <p><input type="checkbox"/> Interrupted aortic arch  <input type="checkbox"/> Interrupted aortic arch + VSD  <input type="checkbox"/> Interrupted aortic arch + AP window (aortopulmonary window)</p>
<p><b>Was a Prenatal Echocardiogram Completed?</b></p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Unknown</p>	<p><i>[IF YES]</i></p> <p>Did the Prenatal Echo findings suggest CCHD?</p> <p><input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Unknown</p>

## X-Linked Adrenoleukodystrophy (X-ALD)

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

- X-Linked Adrenoleukodystrophy (in males)
- Contiguous ABCD1 DXS1357E deletion syndrome (CADDS)
- X-Linked Adrenoleukodystrophy (in females)
- Peroxisomal Disorder
- Acyl-CoA Oxidase Deficiency
- D-Bifunctional Protein Deficiency
- Dyamin-like protein 1 (DLP1)
- ABDC5
- Non-peroxisomal Disorder
- Uncertain Type/Onset
- Unknown

Diagnostic Workup	
<b>Was plasma VLCFA tested?</b>	<i>[IF YES]</i> What was the VLCFA level? <ul style="list-style-type: none"><li><input type="checkbox"/> Elevated</li><li><input type="checkbox"/> Slightly elevated</li><li><input type="checkbox"/> Normal</li><li><input type="checkbox"/> Low</li><li><input type="checkbox"/> Unknown</li></ul> <p><i>"Elevated" signifies in pathogenic range, while "slightly elevated" signifies above normal, but not in the pathogenic range</i></p>
<b>Clinical symptoms?</b>	<i>Symptoms may include: neonatal hypotonia, neonatal seizures, liver disease, neonatal cholestasis, sensorineural deafness, failure to thrive, craniofacial abnormalities</i>
<b>Was plasmalogen testing done?</b>	<i>[IF YES]</i> Plasmalogen level? <ul style="list-style-type: none"><li><input type="checkbox"/> Normal</li><li><input type="checkbox"/> Low</li><li><input type="checkbox"/> Unknown</li></ul>

<b>Family History done?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<b>[IF YES]</b>  Family history results: <input type="checkbox"/> Family history present <input type="checkbox"/> Family VLCFA studies suggestive of X-linked ALD <input type="checkbox"/> Family history not present <input type="checkbox"/> Unknown
<b>Were fibroblast studies done?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<b>[IF YES]</b>  Fibroblast study results: <input type="checkbox"/> Consistent with Zellweger Spectrum Disorder <input type="checkbox"/> Consistent with Acyl-CoA Oxidase Deficiency <input type="checkbox"/> Consistent with D-Bifunctional Protein <input type="checkbox"/> Consistent with DLP1 <input type="checkbox"/> Consistent with ABCD5 <input type="checkbox"/> Unknown
<b>Molecular Genetics</b>		
<b>Was mutation analysis done?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<b>[IF YES]</b>  What genes were included in the mutation analysis? (select all that apply) <input type="checkbox"/> <i>ABCD1</i> <input type="checkbox"/> <i>PEX1</i> <input type="checkbox"/> <i>ACOX1</i> <input type="checkbox"/> <i>HSD17B4</i> <input type="checkbox"/> 1 of the 7 known genes for Aicardi-Goutières Syndrome <input type="checkbox"/> Other gene
		<b>[IF ABCD1] Check the type of variations found:</b>  <input type="checkbox"/> Pathogenic variant <input type="checkbox"/> Deletion/duplication identified <input type="checkbox"/> No mutation on sequencing, deletion/duplication not done <input type="checkbox"/> No mutation on sequencing, deletion/duplication not tested; rule out other disorders of peroxisomal beta oxidation <input type="checkbox"/> Variant of unknown significance <input type="checkbox"/> Deletion identified in ABCD1 and DDX357 <input type="checkbox"/> Unknown

<p><i>[IF PEX1]</i> Check the type of variations found on:</p> <p><b>Allele 1</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Variant known to be disease causing</li> <li><input type="checkbox"/> Variant of unknown significance</li> <li><input type="checkbox"/> Variant of unknown significance (predicted to be pathogenic)</li> <li><input type="checkbox"/> Wild Type (normal)</li> <li><input type="checkbox"/> Unknown</li> </ul> <p><b>Allele 2</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Variant known to be disease causing</li> <li><input type="checkbox"/> Variant of unknown significance</li> <li><input type="checkbox"/> Variant of unknown significance (predicted to be pathogenic)</li> <li><input type="checkbox"/> Wild Type (normal)</li> <li><input type="checkbox"/> Unknown</li> </ul>	
<p><i>[IF ACOX1]</i> Check the type of variations found on:</p> <p><b>Allele 1</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Variant known to be disease causing</li> <li><input type="checkbox"/> Variant of unknown significance</li> <li><input type="checkbox"/> Variant of unknown significance (predicted to be pathogenic)</li> <li><input type="checkbox"/> Wild Type (normal)</li> <li><input type="checkbox"/> Unknown</li> </ul> <p><b>Allele 2</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Variant known to be disease causing</li> <li><input type="checkbox"/> Variant of unknown significance</li> <li><input type="checkbox"/> Variant of unknown significance (predicted to be pathogenic)</li> <li><input type="checkbox"/> Wild Type (normal)</li> <li><input type="checkbox"/> Unknown</li> </ul>	

	<p><i>[IF HSD17b4]</i> <b>Check the type of variations found on:</b></p> <p><b>Allele 1</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Variant known to be disease causing</li> <li><input type="checkbox"/> Variant of unknown significance</li> <li><input type="checkbox"/> Variant of unknown significance (predicted to be pathogenic)</li> <li><input type="checkbox"/> Wild Type (normal)</li> <li><input type="checkbox"/> Unknown</li> </ul> <p><b>Allele 2</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Variant known to be disease causing</li> <li><input type="checkbox"/> Variant of unknown significance</li> <li><input type="checkbox"/> Variant of unknown significance (predicted to be pathogenic)</li> <li><input type="checkbox"/> Wild Type (normal)</li> <li><input type="checkbox"/> Unknown</li> </ul>
	<p><i>[IF 1 of the 7 known genes for Aicardi-Goutières Syndrome]</i> <b>Check the type of variations found on:</b></p> <p><b>Allele 1</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Variant known to be disease causing</li> <li><input type="checkbox"/> Variant of unknown significance</li> <li><input type="checkbox"/> Variant of unknown significance (predicted to be pathogenic)</li> <li><input type="checkbox"/> Wild Type (normal)</li> <li><input type="checkbox"/> Unknown</li> </ul> <p><b>Allele 2</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Variant known to be disease causing</li> <li><input type="checkbox"/> Variant of unknown significance</li> <li><input type="checkbox"/> Variant of unknown significance (predicted to be pathogenic)</li> <li><input type="checkbox"/> Wild Type (normal)</li> <li><input type="checkbox"/> Unknown</li> </ul>

*[IF Other Gene Selected]*

**Other Gene Name:** \_\_\_\_\_

**Check the type of variations found on:**

**Allele 1**

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

**Allele 2**

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

## Spinal Muscular Atrophy (SMA)

Diagnostic Workup	
<b>Newborn Screen Molecular Test for SMN1?</b> <p> <input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Unknown         </p>	<p><i>[IF YES]</i></p> <p>What was the result?</p> <p> <input type="checkbox"/> Zero copies of <i>SMN1</i> (presumed homozygous deletion/conversion)*  <input type="checkbox"/> Zero copies of <i>SMN1</i> (presumed homozygous deletion/conversion)* - observed on two independently collected NBS specimens  <input type="checkbox"/> 2 pathogenic variants  <input type="checkbox"/> 2 pathogenic variants observed on two independently collected NBS specimens  <input type="checkbox"/> 1 pathogenic variant and 1 variant of unknown significance  <input type="checkbox"/> 2 variants of unknown significance  <input type="checkbox"/> Unknown/ Not Done/Screen Negative         </p> <p><i>* true deletion of exon 7 (or larger) or for which there has been a gene conversion of exon 7 (or</i></p>
<b>Newborn Screen Molecular Test for SMN2?</b> <p> <input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Unknown         </p>	<p><i>[IF YES]</i></p> <p>SMN2 Copy Number?</p> <p> <input type="checkbox"/> One  <input type="checkbox"/> Two  <input type="checkbox"/> Two or more  <input type="checkbox"/> Unknown/Not Done         </p>
<b>Post-Newborn Screen Molecular Test for SMN1?</b> <p> <input type="checkbox"/> Yes  <input type="checkbox"/> No  <input type="checkbox"/> Unknown         </p>	<p><i>[IF YES]</i></p> <p>What was the result?</p> <p> <input type="checkbox"/> Zero copies of <i>SMN1</i> (presumed homozygous deletion/conversion)*  <input type="checkbox"/> Zero copies of <i>SMN1</i> (presumed homozygous deletion/conversion)* - observed on two independently collected specimens  <input type="checkbox"/> 2 pathogenic variants  <input type="checkbox"/> 2 pathogenic variants observed on two independently collected specimens  <input type="checkbox"/> 1 pathogenic variant and 1 variant of unknown significance  <input type="checkbox"/> 2 variants of unknown significance  <input type="checkbox"/> Unknown/ Not Done/Screen Negative         </p> <p><i>* true deletion of exon 7 (or larger) or for which there has been a gene conversion of exon 7 (or more)</i></p>

<b>Post-Newborn Screen Molecular Test for SMN2?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<b>[IF YES]</b> <b>SMN2 Copy Number?</b> <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Two or more <input type="checkbox"/> Unknown/Not Done
<b>Parental Molecular Testing Family History/Parental Genetic Testing?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<b>[IF YES]</b> <b>What was the result?</b> <input type="checkbox"/> Phasing is complete and confirms that variants are in trans or both parents are known to be carriers of the pathogenic variants identified <input type="checkbox"/> Both parents are known carriers of <i>SMN1</i> deletion <input type="checkbox"/> Unknown/Not Done
<b>Clinical symptoms?</b> <input type="checkbox"/> Present <input type="checkbox"/> Not present <input type="checkbox"/> Unknown	<i>Symptoms may include: Electromyography evidence of motor neuron disease, Absent reflexes, Fasciculations, Feeding difficulty, Hypotonia, Respiratory Difficulty, Weakness</i>
<b>Was treatment started?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<b>[IF YES]</b> <b>Type of treatment? (Check all that apply)</b> <input type="checkbox"/> Gene Therapy <input type="checkbox"/> Nusinersin <input type="checkbox"/> Other: please describe _____ <input type="checkbox"/> Unknown