



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)	
Birth Information	
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>	<i>Automatically populated based on date of birth</i>
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
Was this individual identified outside of the newborn screening?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
What was the reason the infant was missed? (IF individual was identified outside of newborn screening = Yes)	<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)
Initial & Subsequent Specimen Collection Information	
Specimen Collection	
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>
Receipt by Lab	
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>
Release of Out-of-Range Results	
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>
Intervention, Follow-up, and Diagnosis	
Intervention by Appropriate Medical Provider	
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>
Confirmation of Diagnosis	
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), β -Ketothiolase deficiency (β 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	
Were urine organic acids tested? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<i>[IF YES]</i> Was 3-OH Glutaric acid level <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown Was Glutaric acid level <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown
Were serum organic acids tested? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<i>[IF YES]</i> Was 3-OH Glutaric acid level <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown Was Glutaric acid level <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown
Were plasma acylcarnitines tested? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<i>[IF YES]</i> Was C5 -DC level <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown
Was enzyme analysis for Glutaric Acidemia enzyme activity completed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<i>[IF YES]</i> Was enzyme activity: <input type="checkbox"/> Consistent with disease <input type="checkbox"/> Normal activity (not consistent with disease) <input type="checkbox"/> Unknown
Molecular Genetics	

<p>Was a mutation analysis done?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><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>GCDH</i></p> <p><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</p> <p><input type="checkbox"/> Variant of unknown significance</p> <p><input type="checkbox"/> Variant of unknown significance (predicted to be pathogenic)</p> <p><input type="checkbox"/> Wild Type (Normal)</p> <p><input type="checkbox"/> Unknown</p> <p><i>Allele 2:</i></p> <p><input type="checkbox"/> Variant known to be disease causing</p> <p><input type="checkbox"/> Variant of unknown significance</p> <p><input type="checkbox"/> Variant of unknown significance (predicted to be pathogenic)</p> <p><input type="checkbox"/> Wild Type (Normal)</p> <p><input type="checkbox"/> Unknown</p>

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

**Not Biotindase 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 biotindase deficiency)
- ☐ Unknown

Enzymatic	
Were urine organic acids tested? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<p><i>[IF YES]</i></p> <p>Was 3OH Isovaleric acid level:</p> <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown
	<p>Was 3OH Propionic acid level:</p> <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown
	<p>Was 3-methylcrotonyl glycine level:</p> <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown
Were plasma acylcarnitines tested? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<p><i>[IF YES]</i></p> <p>Was C3 level</p> <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown
	<p>Was C5-OH level</p> <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown

Were infant chemistries (biotinidase) studies completed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<i>[IF YES]</i> Were infant chemistries (biotinidase) studies: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Unknown
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Was enzyme analysis for holocarboxylase synthetase deficiency enzyme activity completed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<i>[IF YES]</i> Was enzyme activity: <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

Was a mutation analysis done? <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>HLCS</i> <input type="checkbox"/> Other gene: _____
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	<p><i>[For each gene selected]</i></p> <p>Check the types of variants found on:</p> <p><i>Allele 1:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Variant known to be disease causing <input type="checkbox"/> Variant of unknown significance <input type="checkbox"/> Variant of unknown significance (predicted to be pathogenic) <input type="checkbox"/> Wild Type (Normal) <input type="checkbox"/> Unknown <p><i>Allele 2:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Variant known to be disease causing <input type="checkbox"/> Variant of unknown significance <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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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	
Were urine organic acids tested? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<i>[IF YES]</i> Was 3OH Isovaleric acid level <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown Was Isovaleryl glycine level <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown
Were plasma acylcarnitines tested? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<i>[IF YES]</i> Was C5 -DC level <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown
Was enzyme analysis for Glutaric Acidemia enzyme activity completed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<i>[IF YES]</i> Was enzyme activity: <input type="checkbox"/> Consistent with disease <input type="checkbox"/> Normal activity (not consistent with disease) <input type="checkbox"/> Unknown
Molecular Genetics	
Was a mutation analysis done? <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>IVD</i> <input type="checkbox"/> Other gene: _____

	<p><i>[For each gene selected]</i></p> <p>Check the types of variants found on:</p> <p><i>Allele 1:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Variant known to be disease causing <input type="checkbox"/> Variant of unknown significance <input type="checkbox"/> Variant of unknown significance (predicted to be pathogenic) <input type="checkbox"/> Wild Type (Normal) <input type="checkbox"/> Unknown <p><i>Allele 2:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Variant known to be disease causing <input type="checkbox"/> Variant of unknown significance <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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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	
Were urine organic acids tested? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<i>[IF YES]</i> Was 3OH Isovaleric acid level <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown Was 3-methylcrotonyl glycine level <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown
Were plasma acylcarnitines tested? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<i>[IF YES]</i> Was C5 -OH level <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown
Was maternal 3-MCC level tested and ruled out? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Was enzyme analysis for 3-MCC enzyme activity completed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<i>[IF YES]</i> Was enzyme activity: <input type="checkbox"/> Consistent with disease <input type="checkbox"/> Normal activity (not consistent with disease) <input type="checkbox"/> Unknown
Molecular Genetics	
Was a mutation analysis done? <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>MCCC1</i> <input type="checkbox"/> <i>MCCC2</i> <input type="checkbox"/> Other gene: _____

	<p><i>[For each gene selected]</i></p> <p>Check the types of variants found on:</p> <p><i>Allele 1:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Variant known to be disease causing <input type="checkbox"/> Variant of unknown significance <input type="checkbox"/> Variant of unknown significance (predicted to be pathogenic) <input type="checkbox"/> Wild Type (Normal) <input type="checkbox"/> Unknown <p><i>Allele 2:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Variant known to be disease causing <input type="checkbox"/> Variant of unknown significance <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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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	
Were urine organic acids tested? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<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 Tiglylglycine? <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

Were plasma acylcarnitines tested? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<i>[IF YES]</i> Was C3 level: <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown
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Molecular Genetics	
Was a mutation analysis done? <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>PCCA</i> <input type="checkbox"/> <i>PCCB</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

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

<p>Were enzyme complementation studies completed?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p>	<p><i>[IF YES]</i></p> <p>Were complementation studies:</p> <p><input type="checkbox"/> Consistent with disease</p> <p><input type="checkbox"/> Normal activity (not consistent with disease)</p> <p><input type="checkbox"/> Unknown</p>
<p>Molecular Genetics</p>	
<p>Was mutation analysis done?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><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"/> METHYLMALONYL-CoA MUTASE</p> <p><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</p> <p><input type="checkbox"/> Variant of unknown significance</p> <p><input type="checkbox"/> Variant of unknown significance (predicted to be pathogenic)</p> <p><input type="checkbox"/> Wild Type (Normal)</p> <p><input type="checkbox"/> Unknown</p> <p><i>Allele 2:</i></p> <p><input type="checkbox"/> Variant known to be disease causing</p> <p><input type="checkbox"/> Variant of unknown significance</p> <p><input type="checkbox"/> Variant of unknown significance (predicted to be pathogenic)</p> <p><input type="checkbox"/> Wild Type (Normal)</p> <p><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	
Was serum MMA level tested? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<i>[IF YES]</i> Was MMA level in serum: <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown
Was urine MMA level tested? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<i>[IF YES]</i> Was MMA level in urine: <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown
Were plasma acylcarnitines tested? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<i>[IF YES]</i> Was C3 level <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown
Was maternal vitamin B12 levels tested? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<i>[IF YES]</i> Was maternal vitamin B12 deficient? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Was infant vitamin B12 levels tested? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<i>[IF YES]</i> Was infant vitamin B12 deficient? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Was total plasma homocysteine tested? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<i>[IF YES]</i> Was total plasma homocysteine: <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown

Were enzyme complementation studies completed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<i>[IF YES]</i> Were complementation studies: <input type="checkbox"/> Consistent with disease <input type="checkbox"/> Normal activity (not consistent with disease) <input type="checkbox"/> Unknown
Molecular Genetics	
Was mutation analysis done? <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>MMAA gene</i> <input type="checkbox"/> <i>MMAB gene</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

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

Was total plasma homocysteine tested? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<i>[IF YES]</i> Was total plasma homocysteine: <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown
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Were enzyme complementation studies completed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<i>[IF YES]</i> 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	
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Was mutation analysis done? <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>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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	<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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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	
Was urine carnitine tested? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<i>[IF YES]</i> Was fractional excretion of free carnitine level: <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown Was 3-methylcrotonyl glycine level <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown
Were plasma carnitine levels tested? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<i>[IF YES]</i> Was free carnitine (C0) <input type="checkbox"/> Low <input type="checkbox"/> Normal <input type="checkbox"/> Unknown
Were other causes for carnitine loss ruled out? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Was enzyme analysis for carnitine deficiency enzyme activity completed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<i>[IF YES]</i> Was enzyme activity: <input type="checkbox"/> Consistent with disease <input type="checkbox"/> Normal activity (not consistent with disease) <input type="checkbox"/> Unknown
Molecular Genetics	
Was a mutation analysis done? <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"/> SCL22A5 <input type="checkbox"/> Other gene: _____

	<p><i>[For each gene selected]</i></p> <p>Check the types of variants found on:</p> <p><i>Allele 1:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Variant known to be disease causing <input type="checkbox"/> Variant of unknown significance <input type="checkbox"/> Variant of unknown significance (predicted to be pathogenic) <input type="checkbox"/> Wild Type (Normal) <input type="checkbox"/> Unknown <p><i>Allele 2:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Variant known to be disease causing <input type="checkbox"/> Variant of unknown significance <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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Medium-chain acyl-CoA Dehydrogenase Deficiency (MCAD)

Enzymatic	
Were urine organic acids or acylglycines tested? <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
Were plasma acylcarnitines tested? <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

Was functional analysis of fatty acid oxidation in cultured fibroblasts performed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<i>[IF YES]</i> Was functional fibroblast analysis: <input type="checkbox"/> Consistent with disease <input type="checkbox"/> Normal activity (not consistent with disease) <input type="checkbox"/> Unknown
Was enzyme analysis for MCAD enzyme activity completed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<i>[IF YES]</i> Was enzyme activity: <input type="checkbox"/> Consistent with disease <input type="checkbox"/> Normal activity (not consistent with disease) <input type="checkbox"/> Unknown
Molecular Genetics	
Was a mutation analysis done? <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>ACADM</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

Trifunctional Protein Deficiency (TFP)

Enzymatic	
Were urine organic acids tested? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<i>[IF YES]</i> Was C12-OH dicarboxylic acid level: <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown Was C10-OH dicarboxylic acid level: <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown
Were plasma acylcarnitines tested? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<i>[IF YES]</i> Was C16-OH level: <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown Was C16:1-OH level: <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown Was C18-OH level: <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown Was C18:1-OH level: <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown
Was enzyme analysis for TFP enzyme activity completed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<i>[IF YES]</i> Was enzyme activity: <input type="checkbox"/> Consistent with disease <input type="checkbox"/> Normal activity (not consistent with disease) <input type="checkbox"/> Unknown

<p>Was functional analysis of fatty acid oxidation in cultured fibroblasts performed?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p>	<p><i>[IF YES]</i></p> <p>Was functional fibroblast analysis:</p> <p><input type="checkbox"/> Consistent with disease</p> <p><input type="checkbox"/> Normal activity (not consistent with disease)</p> <p><input type="checkbox"/> Unknown</p>
<p style="text-align: center;">Molecular Genetics</p>	
<p>Was a mutation analysis done?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><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>HADHA</i></p> <p><input type="checkbox"/> <i>HADHB</i></p> <p><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</p> <p><input type="checkbox"/> Variant of unknown significance</p> <p><input type="checkbox"/> Variant of unknown significance (predicted to be pathogenic)</p> <p><input type="checkbox"/> Wild Type (Normal)</p> <p><input type="checkbox"/> Unknown</p> <p><i>Allele 2:</i></p> <p><input type="checkbox"/> Variant known to be disease causing</p> <p><input type="checkbox"/> Variant of unknown significance</p> <p><input type="checkbox"/> Variant of unknown significance (predicted to be pathogenic)</p> <p><input type="checkbox"/> Wild Type (Normal)</p> <p><input type="checkbox"/> Unknown</p>

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

Enzymatic	
Were urine organic acids tested? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<i>[IF YES]</i> Was C12-OH dicarboxylic acid level: <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown Was C10-OH dicarboxylic acid level: <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown
Were plasma acylcarnitines tested? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<i>[IF YES]</i> Was C16-OH level: <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown Was C16:1-OH level: <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown Was C18-OH level: <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown Was C18:1-OH level: <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown
Was enzyme analysis for TFP enzyme activity completed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<i>[IF YES]</i> Was enzyme activity: <input type="checkbox"/> Consistent with disease <input type="checkbox"/> Normal activity (not consistent with disease) <input type="checkbox"/> Unknown

<p>Was functional analysis of fatty acid oxidation in cultured fibroblasts performed?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p>	<p><i>[IF YES]</i></p> <p>Was functional fibroblast analysis:</p> <p><input type="checkbox"/> Consistent with disease</p> <p><input type="checkbox"/> Normal activity (not consistent with disease)</p> <p><input type="checkbox"/> Unknown</p>
<p style="text-align: center;">Molecular Genetics</p>	
<p>Was a mutation analysis done?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><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>HADHA</i></p> <p><input type="checkbox"/> <i>HADHB</i></p> <p><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</p> <p><input type="checkbox"/> Variant of unknown significance</p> <p><input type="checkbox"/> Variant of unknown significance (predicted to be pathogenic)</p> <p><input type="checkbox"/> Wild Type (Normal)</p> <p><input type="checkbox"/> Unknown</p> <p><i>Allele 2:</i></p> <p><input type="checkbox"/> Variant known to be disease causing</p> <p><input type="checkbox"/> Variant of unknown significance</p> <p><input type="checkbox"/> Variant of unknown significance (predicted to be pathogenic)</p> <p><input type="checkbox"/> Wild Type (Normal)</p> <p><input type="checkbox"/> Unknown</p>

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

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

	<p><i>[For each gene selected]</i></p> <p>Check the types of variants found on:</p> <p><i>Allele 1:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Variant known to be disease causing <input type="checkbox"/> Variant of unknown significance <input type="checkbox"/> Variant of unknown significance (predicted to be pathogenic) <input type="checkbox"/> Wild Type (Normal) <input type="checkbox"/> Unknown <p><i>Allele 2:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Variant known to be disease causing <input type="checkbox"/> Variant of unknown significance <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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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	
Were plasma amino acids tested? <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
Were plasma urine acids tested? <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
Was enzyme analysis for ASA enzyme activity completed? <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	

<p>Was a mutation analysis done?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><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>ASL</i></p> <p><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</p> <p><input type="checkbox"/> Variant of unknown significance</p> <p><input type="checkbox"/> Variant of unknown significance (predicted to be pathogenic)</p> <p><input type="checkbox"/> Wild Type (Normal)</p> <p><input type="checkbox"/> Unknown</p> <p><i>Allele 2:</i></p> <p><input type="checkbox"/> Variant known to be disease causing</p> <p><input type="checkbox"/> Variant of unknown significance</p> <p><input type="checkbox"/> Variant of unknown significance (predicted to be pathogenic)</p> <p><input type="checkbox"/> Wild Type (Normal)</p> <p><input type="checkbox"/> Unknown</p>

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	
Were plasma amino acids tested? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<i>[IF YES]</i> Was plasma ASA level: <input type="checkbox"/> Present <input type="checkbox"/> Absent <input type="checkbox"/> Unknown Was Citrulline level: <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown
Was blood ammonia levels tested? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<i>[IF YES]</i> Was blood ammonia level: <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown
Was enzyme analysis for Citrullinemia type 1 enzyme activity completed? <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	
Was a mutation analysis done? <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"/> ASS1 <input type="checkbox"/> Other gene: _____

	<p><i>[For each gene selected]</i></p> <p>Check the types of variants found on:</p> <p><i>Allele 1:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Variant known to be disease causing <input type="checkbox"/> Variant of unknown significance <input type="checkbox"/> Variant of unknown significance (predicted to be pathogenic) <input type="checkbox"/> Wild Type (Normal) <input type="checkbox"/> Unknown <p><i>Allele 2:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Variant known to be disease causing <input type="checkbox"/> Variant of unknown significance <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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Classic Phenylketonuria (PKU) and Hyperphenylalaninemia (Hyperphe)

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

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

Enzymatic	
Were plasma amino acids tested? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<i>[IF YES]</i> Was Phe level: <input type="checkbox"/> Elevated (>120umol/L on unrestricted diet) <input type="checkbox"/> Normal <input type="checkbox"/> Unknown Was Phe/Tyr level: <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown
Were biopterin studies done? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<i>[IF YES]</i> Were biopterin studies: <input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Unknown
Was enzyme analysis for Hyperphe (inclusive of classic PKU) enzyme activity completed? <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	
Was a mutation analysis done? <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"/> PAH <input type="checkbox"/> Other gene: _____

	<p><i>[For each gene selected]</i></p> <p>Check the types of variants found on:</p> <p><i>Allele 1:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Variant known to be disease causing <input type="checkbox"/> Variant of unknown significance <input type="checkbox"/> Variant of unknown significance (predicted to be pathogenic) <input type="checkbox"/> Wild Type (Normal) <input type="checkbox"/> Unknown <p><i>Allele 2:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Variant known to be disease causing <input type="checkbox"/> Variant of unknown significance <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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Homocystinuria (Cystathionine Beta-Synthase (CBS) Deficiency; HCY)

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

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

Enzymatic	
Were plasma amino acids tested? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<i>[IF YES]</i> Was Methionine level: <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown
Was plasma Homocysteine tested? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<i>[IF YES]</i> Was plasma Homocysteine level: <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown
Was enzyme analysis for CBS enzyme activity completed? <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	
Was a mutation analysis done? <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"/> CBS <input type="checkbox"/> Other gene: _____

	<p><i>[For each gene selected]</i></p> <p>Check the types of variants found on:</p> <p><i>Allele 1:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Variant known to be disease causing <input type="checkbox"/> Variant of unknown significance <input type="checkbox"/> Variant of unknown significance (predicted to be pathogenic) <input type="checkbox"/> Wild Type (Normal) <input type="checkbox"/> Unknown <p><i>Allele 2:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Variant known to be disease causing <input type="checkbox"/> Variant of unknown significance <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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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>
<input type="checkbox"/> Yes	Was Alloisoleucine level:
<input type="checkbox"/> No	<input type="checkbox"/> Elevated
<input type="checkbox"/> Unknown	<input type="checkbox"/> Normal
	<input type="checkbox"/> Unknown
	Was Leucine level:
	<input type="checkbox"/> Elevated
	<input type="checkbox"/> Normal
	<input type="checkbox"/> Unknown
	Was Isoleucine level:
	<input type="checkbox"/> Elevated
	<input type="checkbox"/> Normal
	<input type="checkbox"/> Unknown
	Was Valine level:
	<input type="checkbox"/> Elevated
	<input type="checkbox"/> Normal
	<input type="checkbox"/> Unknown
	Was Leu>Val level:
	<input type="checkbox"/> Yes
	<input type="checkbox"/> No
	<input type="checkbox"/> Unknown

<p>Were urine organic acids tested?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p>	<p><i>[IF YES]</i></p> <p>Was 2-ketoisocaproic acid level:</p> <p><input type="checkbox"/> Elevated</p> <p><input type="checkbox"/> Normal</p> <p><input type="checkbox"/> Unknown</p> <p>Was 2-OH Isovaleric acid level:</p> <p><input type="checkbox"/> Elevated</p> <p><input type="checkbox"/> Normal</p> <p><input type="checkbox"/> Unknown</p> <p>Was 2-ketomethyl valeric acid level</p> <p><input type="checkbox"/> Elevated</p> <p><input type="checkbox"/> Normal</p> <p><input type="checkbox"/> Unknown</p>
<p>Was enzyme analysis for MSUD enzyme activity completed?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p>	<p><i>[IF YES]</i></p> <p>Was enzyme analysis:</p> <p><input type="checkbox"/> Consistent with disease</p> <p><input type="checkbox"/> Normal activity (not consistent with disease)</p> <p><input type="checkbox"/> Unknown</p>
<p style="text-align: center;">Molecular Genetics</p>	
<p>Was a mutation analysis done?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><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>DBT</i></p> <p><input type="checkbox"/> <i>BCKDHB</i></p> <p><input type="checkbox"/> <i>DLD</i></p> <p><input type="checkbox"/> <i>BCKDHA</i></p> <p><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> <ul style="list-style-type: none"> <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><i>Allele 2:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Variant known to be disease causing <input type="checkbox"/> Variant of unknown significance <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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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	
Were plasma organic acids tested? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<i>[IF YES]</i> Was plasma succinylacetone level: <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown Was plasma tyrosine level: <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown
Were urine organic acids tested? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<i>[IF YES]</i> Was urine succinylacetone level: <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown Was urine tyrosine level: <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown
Was enzyme analysis for fumarylacetoacetate hydrolase completed? <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	

<p>Was a mutation analysis done?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><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"/> FAH</p> <p><input type="checkbox"/> Other gene: _____</p>
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	<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</p> <p><input type="checkbox"/> Variant of unknown significance</p> <p><input type="checkbox"/> Variant of unknown significance (predicted to be pathogenic)</p> <p><input type="checkbox"/> Wild Type (Normal)</p> <p><input type="checkbox"/> Unknown</p> <p><i>Allele 2:</i></p> <p><input type="checkbox"/> Variant known to be disease causing</p> <p><input type="checkbox"/> Variant of unknown significance</p> <p><input type="checkbox"/> Variant of unknown significance (predicted to be pathogenic)</p> <p><input type="checkbox"/> Wild Type (Normal)</p> <p><input type="checkbox"/> Unknown</p>
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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	
Was Serum TSH tested? <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
Was Serum Total T4 tested? <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>Was Serum Free T4 tested?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p>	<p><i>[IF YES]</i></p> <p>Was Serum Free T4 below the age-established reference range?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p> <p>Was it tested before initiation of treatment?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p>
<p>Does this baby have other pituitary hormone deficiencies?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p>	
<p>Does this baby have midline defects?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p>	
<p>Was TBG tested?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p>	<p><i>[IF YES]</i></p> <p>Was TBG below the age established reference range?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p>
<p>Was T3 or T4 resin uptake tested?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p>	<p><i>[IF YES]</i></p> <p>Was T3 or T4 resin uptake above the age-established reference range?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p>

Congenital Adrenal Hyperplasia (CAH)

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

Was serum sodium level measured before initiation of treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<i>[IF YES]</i> Was the sodium level: <input type="checkbox"/> < 135 mEq/L <input type="checkbox"/> > 135 mEq/L <input type="checkbox"/> Unknown
Was plasma renin activity level measured at time of initiation of treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<i>[IF YES]</i> Was plasma renin activity normal for age? <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
Clinical Results	
Is there evidence of salt wasting (e.g., shock or severe failure to thrive)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Is there supportive clinical or laboratory evidence of CAH? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<i>[IF YES]</i> Is the evidence (check all that apply): <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
Molecular Genetics	
Was mutation analysis done? <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"/> CYP21A2 <input type="checkbox"/> Other gene: _____

	<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</p> <p><input type="checkbox"/> Variant of unknown significance</p> <p><input type="checkbox"/> Variant of unknown significance (predicted to be pathogenic)</p> <p><input type="checkbox"/> Wild Type (Normal)</p> <p><input type="checkbox"/> Unknown</p> <p><i>Allele 2</i></p> <p><input type="checkbox"/> Variant known to be disease causing</p> <p><input type="checkbox"/> Variant of unknown significance</p> <p><input type="checkbox"/> Variant of unknown significance (predicted to be pathogenic)</p> <p><input type="checkbox"/> Wild Type (Normal)</p> <p><input type="checkbox"/> Unknown</p>
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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	
Was qualitative (IEF or HPLC) testing completed? <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 ₂ <input type="checkbox"/> FSAA ₂ <input type="checkbox"/> Other; other result name _____ <input type="checkbox"/> Unknown
Was quantitative (HPLC or electrophoresis) testing completed? <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"/> FS with high A ₂ <input type="checkbox"/> FSA with high A ₂ <input type="checkbox"/> FSA <input type="checkbox"/> Other; other result name _____ <input type="checkbox"/> Unknown

<p>Was mutation analysis performed?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p>	<p><i>[IF YES]</i></p> <p>Check the type of variant found on:</p> <p><i>Allele 1</i></p> <p><input type="checkbox"/> S</p> <p><input type="checkbox"/> C</p> <p><input type="checkbox"/> <i>Beta + Thal</i></p> <p><input type="checkbox"/> <i>Beta⁰ + Thal</i></p> <p><input type="checkbox"/> Other; _____</p> <p><input type="checkbox"/> Unknown</p> <p><i>Allele 2</i></p> <p><input type="checkbox"/> S</p> <p><input type="checkbox"/> C</p> <p><input type="checkbox"/> <i>Beta + Thal</i></p> <p><input type="checkbox"/> <i>Beta⁰ + Thal</i></p> <p><input type="checkbox"/> Other; other name _____</p> <p><input type="checkbox"/> Unknown</p>
<p>NBS result</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p>	<p><i>[IF YES]</i></p> <p>What were the results?</p> <p><input type="checkbox"/> FS</p> <p><input type="checkbox"/> FSC</p> <p><input type="checkbox"/> FSA</p> <p><input type="checkbox"/> FSA₂</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Unknown</p>
<p>Was a CBC performed?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p>	<p><i>[IF YES]</i></p> <p>What were the results?</p> <p><input type="checkbox"/> Normal – high MCV</p> <p><input type="checkbox"/> Low MCV</p> <p><input type="checkbox"/> Unknown</p>

<p>Were family studies (in parents) done?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p>	<p><i>[IF YES]</i></p> <p>Maternal Status: what were the results?</p> <p><input type="checkbox"/> Carrier <i>S</i></p> <p><input type="checkbox"/> Carrier <i>C</i></p> <p><input type="checkbox"/> Carrier <i>Beta + Thal</i></p> <p><input type="checkbox"/> Carrier <i>Beta⁰ Thal</i></p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Unknown</p> <p>Paternal Status: what were the results?</p> <p><input type="checkbox"/> Carrier <i>S</i></p> <p><input type="checkbox"/> Carrier <i>C</i></p> <p><input type="checkbox"/> Carrier <i>Beta + Thal</i></p> <p><input type="checkbox"/> Carrier <i>Beta⁰ Thal</i></p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> Unknown</p>
<p>Was there a positive family history?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p>	
<p>Were HPLC & IEF tested on the same sample from the infant?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p>	<p><i>[IF YES]</i></p> <p>What were the results?</p> <p><input type="checkbox"/> FS</p> <p><input type="checkbox"/> FSC</p> <p><input type="checkbox"/> FSA₂</p> <p><input type="checkbox"/> FSAA₂</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Unknown</p>
<p>Were Hgb tests (electrophoresis or HPLC) performed on family members?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p>	<p><i>[IF YES]</i></p> <p>What were the results?</p> <p><input type="checkbox"/> Positive</p> <p><input type="checkbox"/> Negative</p> <p><input type="checkbox"/> Unknown</p>

Presence of Other Hb Variant

**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	
Alpha thalassemia present? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Was qualitative (IEF or HPLC) testing completed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<i>[IF YES]</i> 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
Was quantitative (HPLC or electrophoresis) testing completed? <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 _{ARAB} <input type="checkbox"/> Other; other result name _____ <input type="checkbox"/> Unknown

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

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

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

<p>Clinical symptoms/lab findings?</p> <p><input type="checkbox"/> Symptoms present and documented by specialists. Public health (PH) program continued to collect data through the development of symptoms</p> <p><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)</p> <p><input type="checkbox"/> Unknown</p>	<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>Were variants detected in genes known to be associated with MPS I?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><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 variant and associated with SEVERE disease</p> <p><input type="checkbox"/> Pathogenic or likely pathogenic variant</p> <p><input type="checkbox"/> Variant of unknown significance</p> <p><input type="checkbox"/> Variant known to be associated with ATTENUATED disease.</p> <p><input type="checkbox"/> Wild Type (Normal)</p> <p><input type="checkbox"/> Unknown</p> <p><i>Allele 2:</i></p> <p><input type="checkbox"/> Pathogenic variant and associated with SEVERE disease</p> <p><input type="checkbox"/> Pathogenic or likely pathogenic variant</p> <p><input type="checkbox"/> Variant of unknown significance</p> <p><input type="checkbox"/> Variant known to be associated with ATTENUATED disease.</p> <p><input type="checkbox"/> Wild Type (Normal)</p> <p><input type="checkbox"/> Unknown</p>

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	
Was enzyme activity tested in blood (not DBS sample)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<i>[IF YES]</i> What was the enzyme level? <input type="checkbox"/> Within lab known affected range for infantile onset (IO) <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)) <input type="checkbox"/> Within lab known affected range for late onset (LO) <input type="checkbox"/> Low (above affected range, for LO not normal) <input type="checkbox"/> Unknown
Was enzyme activity tested in skin/muscle? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<i>[IF YES]</i> What was the enzyme activity? <input type="checkbox"/> Positive skin or muscle biopsy <input type="checkbox"/> Unknown
Was there cardiac involvement consistent with Pompe? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<i>[IF YES]</i> Findings: <input type="checkbox"/> Positive findings on chest X-ray/EKG/ECHO in newborn period <input type="checkbox"/> Positive findings on chest X-ray/EKG/ECHO
Lab findings for CK/AST/ALT/LDH/Urine Hex4? <input type="checkbox"/> Elevated <input type="checkbox"/> Not Present <input type="checkbox"/> Unknown <input type="checkbox"/> Untested	

<p>Were there any clinical findings?</p> <p><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</p> <p><input type="checkbox"/> Symptoms present before one year of age, but no cardiac involvement</p> <p><input type="checkbox"/> Unknown or not reported to PH by the end of the follow-up period</p>	<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>
Molecular Genetics	

<p>Were variants detected in genes known to be associated with Pompe Disease?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><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</p> <p><input type="checkbox"/> Pathogenic variant and associated with infantile onset</p> <p><input type="checkbox"/> Novel variant that is likely pathogenic</p> <p><input type="checkbox"/> Pathogenic variant or likely pathogenic variant, with deletion or duplication consistent with infantile onset</p> <p><input type="checkbox"/> Pathogenic and associated with non-classical disease, or variant of uncertain significance</p> <p><input type="checkbox"/> Pathogenic or likely pathogenic variant, no other variants found; duplication/deletion testing not done or not known</p> <p><input type="checkbox"/> Pathogenic or likely pathogenic variant; no other variants found</p> <p><input type="checkbox"/> Wild Type (Normal)</p> <p><input type="checkbox"/> Unknown</p> <p><i>Allele 2:</i></p> <p><input type="checkbox"/> Pathogenic</p> <p><input type="checkbox"/> Pathogenic variant and associated with infantile onset</p> <p><input type="checkbox"/> Novel variant that is likely pathogenic</p> <p><input type="checkbox"/> Pathogenic variant or likely pathogenic variant, with deletion or duplication consistent with infantile onset</p> <p><input type="checkbox"/> Pathogenic and associated with non-classical disease, or variant of uncertain significance</p> <p><input type="checkbox"/> Pathogenic or likely pathogenic variant, no other variants found; duplication/deletion testing not done or not known</p> <p><input type="checkbox"/> Pathogenic or likely pathogenic variant; no other variants found</p> <p><input type="checkbox"/> Wild Type (Normal)</p> <p><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	
Was enzyme analysis for biotinidase enzyme activity completed? <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	
Was a mutation analysis performed for biotinidase deficiency? <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> Check the types of variants found on: Allele 1: <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 Allele 2 <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	
Were GALT levels tested? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<i>[IF YES]</i> Was GALT level: <input type="checkbox"/> <10% <input type="checkbox"/> 10-30% <input type="checkbox"/> Normal <input type="checkbox"/> Unknown
Was Gal-1-P tested? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<i>[IF YES]</i> Was Gal-1-P level: <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown
Was Urine Galactitol tested? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<i>[IF YES]</i> Was Urine Galactitol level: <input type="checkbox"/> Elevated <input type="checkbox"/> Normal <input type="checkbox"/> Unknown
If Variant Galactosemia, was protein phenotyping completed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Not applicable	<i>[IF YES]</i> Did result indicate: <input type="checkbox"/> Phenotype consistent with variant <input type="checkbox"/> Phenotype NOT consistent with variant <input type="checkbox"/> Unknown
If Arginase Deficiency, were enzyme studies completed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Not applicable	<i>[IF YES]</i> Was enzyme activity: <input type="checkbox"/> Consistent with disease <input type="checkbox"/> Normal activity (not consistent with disease) <input type="checkbox"/> Unknown
Molecular Genetics	

<p>Was a mutation analysis done?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><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</p> <p><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</p> <p><input type="checkbox"/> Variant of unknown significance</p> <p><input type="checkbox"/> Variant of unknown significance (predicted to be pathogenic)</p> <p><input type="checkbox"/> Wild Type (Normal)</p> <p><input type="checkbox"/> Unknown</p> <p><i>Allele 2</i></p> <p><input type="checkbox"/> Variant known to be disease causing</p> <p><input type="checkbox"/> Variant of unknown significance</p> <p><input type="checkbox"/> Variant of unknown significance (predicted to be pathogenic)</p> <p><input type="checkbox"/> Wild Type (Normal)</p> <p><input type="checkbox"/> Unknown</p>

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	
Did the NBS result indicate an elevated IRT? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Were CFTR mutations detected on the <u>newborn screening</u> mutation panel? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <i>Mutations seen in patients with CF have been classified as disease-causing, neutral, or varying clinical consequences through the CFTR2 project: http://cftr2.org/browse.php. Additional information about the mutation and the association with lower sweat chlorides can also be found at CFTR2.</i>	<i>[IF YES]</i> <i>Check the type of variant found on allele 1:</i> <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) <i>Check the type of variant found on allele 1:</i> <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)
Did the child have meconium ileus? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	

<p>Was a valid sweat chloride result available?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> 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"/> ≥60 mmol/L (regardless of age)</p> <p><input type="checkbox"/> <30 mmol/L (if age <6 months)</p> <p><input type="checkbox"/> 30-59 mmol/L (if age < 6 months)</p> <p><input type="checkbox"/> <40mmol/L (if age ≥6 months)</p> <p><input type="checkbox"/> 40-59 mmol/L (if age ≥6 months)</p> <p><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</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p>
<p>Was a sweat chloride repeated on a separate day? <i>(Results from different arm on the same day should NOT be reported here)</i></p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><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"/> ≥60 mmol/L (regardless of age)</p> <p><input type="checkbox"/> <30 mmol/L (if age <6 months)</p> <p><input type="checkbox"/> 30-59 mmol/L (if age < 6 months)</p> <p><input type="checkbox"/> <40mmol/L (if age ≥6 months)</p> <p><input type="checkbox"/> 40-59 mmol/L (if age ≥6 months)</p> <p><input type="checkbox"/> Quantity not sufficient (QNS)</p>

<p>Was a CFTR mutation panel completed <u>after</u> the newborn screening mutation panel?</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: http://cftr2.org/browse.php. Additional information about the mutation and the association with lower sweat chlorides can also be found at CFTR2.</i></p>	<p><i>[IF YES]</i></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>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.</p> <p> <input type="checkbox"/> Present <input type="checkbox"/> Not Present <input type="checkbox"/> Unknown <input type="checkbox"/> Not applicable </p>	<p><i>[IF PRESENT]</i></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 for the latest updated list).

Variant name - HGVS nomenclature	Protein name	Variant legacy name	On ACMG Screening Panel	CFTR2 final call	Associated with lower sweat chloride
c.3717+12191C>T	p.Phe316LeufsX12	1078delT	No	CF-causing	NO
c.579+3A>G	p.Phe342HisfsX28	1154insTC	No	CF-causing	NO
c.3454G>C	No protein name	1717-1G->A	Yes	CF-causing	NO
c.3208C>T	No protein name	1811+1.6kbA->G	No	CF-causing	NO
c.3154T>G	No protein name	1898+1G->A	Yes	CF-causing	NO
c.1585-1G>A	p.Leu671X	2143delT	No	CF-causing	NO
c.1680-1G>A	p.Lys684SerfsX38	2183AA->G	No	CF-causing	NO
c.1766+1G>A	p.Lys684AsnfsX38	2184delA	Yes	CF-causing	NO
c.2490+1G>A	p.Gln685ThrfsX4	2184insA	No	CF-causing	NO
c.2988+1G>A	p.Glu726ArgfsX4	2307insA	No	CF-causing	NO
c.1736A>G	No protein name	2789+5G->A	Yes	CF-causing	NO
c.1408A>G	No protein name	3120+1G->A	Yes	CF-causing	NO
c.1841A>G	No protein name	3120G->A	No	CF-causing	NO
c.2991G>C	No protein name	3272-26A->G	No	CF-causing	NO
c.489+1G>T	p.Lys1177SerfsX15	3659delC	Yes	CF-causing	NO
c.350G>A	No protein name	3849+10kbC->T	Yes	CF-causing	NO
c.4242+1G>T	p.Leu1258PhefsX7	3905insT	No	CF-causing	NO
c.3718-1G>A	p.Leu881IlefsX22	394delTT	No	CF-causing	NO
c.1240C>T	No protein name	5T	No	Indeterminate	YES
c.2260G>A	No protein name	621+1G->T	Yes	CF-causing	NO
c.1727G>C	No protein name	711+1G->T	Yes	CF-causing	NO
c.220C>T	No protein name	711+5G->A	No	CF-causing	NO
c.2834C>T	p.Ala455Glu	A455E	Yes	CF-causing	NO
c.1675G>A	p.Ala559Thr	A559T	No	CF-causing	NO
c.1127_1128insA	p.Ser18ArgfsX16	CFTRdele2,3	No	CF-causing	NO
c.1202G>A or c.1203G>A	p.Asp1152His	D1152H	No	Indeterminate	YES
c.1923_1931del9insA	p.Glu60X	E60X	No	CF-causing	NO
c.1679G>C	p.Phe508del	F508del	Yes	CF-causing	NO
c.3160C>G	p.Gly1244Glu	G1244E	No	CF-causing	NO
c.4046G>A	p.Gly178Glu	G178R	No	CF-causing	NO
c.4196_4197delTC	p.Gly542X	G542X	Yes	CF-causing	NO
c.3731G>A	p.Gly551Asp	G551D	Yes	CF-causing	NO
c.3197G>A	p.Gly85Glu	G85E	Yes	CF-causing	NO
c.2657+2_2657+3insA	p.Ile1027Thr	I1027T	No	Not CF-causing	NO
c.1673T>C	p.Ile148Thr	I148T	No	Not CF-causing	NO

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

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	
Was the CD3 T cell level tested? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<i>[IF YES]</i> What was the CD3 T cell level? <input type="checkbox"/> <300 autologous T cells, undetectable or very few naïve T cells <input type="checkbox"/> 300-1500, few naïve T cells, oligoclonal T cells, or poor T cell diversity <input type="checkbox"/> >80% CD45RO+ <input type="checkbox"/> Any number (not zero) <input type="checkbox"/> Untested/Unknown
Was proliferation to PHA test done? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<i>[IF YES]</i> Proliferation to PHA: <input type="checkbox"/> <10% of normal <input type="checkbox"/> 10-50% of normal PHA <input type="checkbox"/> 10-30% normal PHA or Absent to Candida/TT <input type="checkbox"/> <30% of normal <input type="checkbox"/> Any/Unknown
Was maternal engraftment documented? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Molecular Genetics	

<p>Was mutation analysis done?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p>	<p><i>[IF YES]</i></p> <p>Were variants detected in the genes known to be associated with SCID?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><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</p> <p><input type="checkbox"/> Pathogenic variant in a known SCID gene on X chromosome in a male</p> <p><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)</p> <p><input type="checkbox"/> Wild Type (Normal)</p> <p><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</p> <p><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)</p> <p><input type="checkbox"/> Wild Type (Normal)</p> <p><input type="checkbox"/> Untested/Unknown</p>
	<p><i>[IF variants detected=YES]</i></p> <p>Was 22q1 deletion assessed?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p>
	<p><i>[IF variants detected=YES]</i></p> <p>Were homozygous or compound heterozygous <i>FOXP1</i> mutations assessed?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p>

	<p><i>[If variants detected=YES]</i></p> <p>Were heterozygous <i>TBX1</i> variants assessed?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p>
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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"> <input type="checkbox"/> Truncus Arteriosus <input type="checkbox"/> Total Anomalous Pulmonary Venous Connection <input type="checkbox"/> Tetralogy of fallot <input type="checkbox"/> Pulmonary Atresia <input type="checkbox"/> Ebstein's Anomaly <input type="checkbox"/> Hypoplastic Left Heart Syndrome <input type="checkbox"/> Single ventricle <input type="checkbox"/> Tricuspid atresia <input type="checkbox"/> Transposition of the great arteries <input type="checkbox"/> Double outlet right ventricle <input type="checkbox"/> Coarctation of aorta <input type="checkbox"/> Interrupted arch <input type="checkbox"/> Aortic valve disease <p>If Other selected; please specify _____</p>

Please answer the following:	If Yes, what were the results of the postnatal echocardiogram? (select all that apply)
Was a Postnatal Echocardiogram Completed? <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown 	Truncus Arteriosus <ul style="list-style-type: none"> <input type="checkbox"/> Truncus arteriosus <input type="checkbox"/> Truncus arteriosus + Interrupted aortic arch Total Anomalous Pulmonary Venous Connection (TAPVC) <ul style="list-style-type: none"> <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) <ul style="list-style-type: none"> <input type="checkbox"/> TOF <input type="checkbox"/> TOF, Pulmonary stenosis <input type="checkbox"/> TOF, AVCanal (AVSD) <input type="checkbox"/> TOF, Absent pulmonary valve
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	Pulmonary Artesia <ul style="list-style-type: none"> <input type="checkbox"/> Pulmonary atresia <input type="checkbox"/> Pulmonary atresia, IVS <input type="checkbox"/> Pulmonary atresia, VSD (Including TOF, PA) <input type="checkbox"/> Pulmonary atresia, VSD-MAPCA
	Ebstein's Anomaly <ul style="list-style-type: none"> <input type="checkbox"/> Ebstein's anomaly
	Hypoplastic Left Heart Syndrome (HLHS) <ul style="list-style-type: none"> <input type="checkbox"/> Hypoplastic left heart syndrome
	Single Ventricle <ul style="list-style-type: none"> <input type="checkbox"/> Single ventricle, DILV <input type="checkbox"/> Single ventricle, DIRV <input type="checkbox"/> Single ventricle, Mitral atresia <input type="checkbox"/> Single ventricle, Unbalanced AV canal <input type="checkbox"/> Single ventricle, Heterotaxia syndrome <input type="checkbox"/> Single ventricle, Other <input type="checkbox"/> Single ventricle + Total anomalous pulmonary venous connection (TAPVC)
	Tricuspid Artesia <ul style="list-style-type: none"> <input type="checkbox"/> Single ventricle, Tricuspid atresia
	Transposition of the Great Arteries (TGA) <ul style="list-style-type: none"> <input type="checkbox"/> d-TGA, IVS <input type="checkbox"/> d-TGA, IVS-LVOTO <input type="checkbox"/> d-TGA, VSD <input type="checkbox"/> d-TGA, VSD-LVOTO
	Double Outlet Right Ventricle (DORV) <ul style="list-style-type: none"> <input type="checkbox"/> DORV, VSD type <input type="checkbox"/> DORV, TOF type <input type="checkbox"/> DORV, TGA type <input type="checkbox"/> DORV, Remote VSD (uncommitted VSD) <input type="checkbox"/> DORV + AVSD (AV Canal) <input type="checkbox"/> DORV, IVS <input type="checkbox"/> DORV, Remote VSD (uncommitted VSD)
	Coarctation of Aorta <ul style="list-style-type: none"> <input type="checkbox"/> Coarctation of aorta <input type="checkbox"/> Aortic arch hypoplasia <input type="checkbox"/> VSD + Aortic arch hypoplasia <input type="checkbox"/> VSD + Coarctation of aorta

	Interrupted Arch <input type="checkbox"/> Interrupted aortic arch <input type="checkbox"/> Interrupted aortic arch + VSD <input type="checkbox"/> Interrupted aortic arch + AP window (aortopulmonary window)
	Aortic Valve Disease <input type="checkbox"/> Aortic Stenosis receiving intervention in first 30 days of life <input type="checkbox"/> Pulmonary Stenosis receiving intervention in the first 30 days of life
Was a Prenatal Echocardiogram Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<i>[IF YES]</i> Did the Prenatal Echo findings suggest CCHD? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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 (CADD5)
- ☐ 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	
Was plasma VLCFA tested? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	[IF YES] What was the VLCFA level? <input type="checkbox"/> Elevated <input type="checkbox"/> Slightly elevated <input type="checkbox"/> Normal <input type="checkbox"/> Low <input type="checkbox"/> Unknown <i>"Elevated" signifies in pathogenic range, while "slightly elevated" signifies above normal, but not in the pathogenic range</i>
Clinical symptoms? <input type="checkbox"/> Present <input type="checkbox"/> Not present <input type="checkbox"/> Not present at birth <input type="checkbox"/> Unknown	<i>Symptoms may include: neonatal hypotonia, neonatal seizures, liver disease, neonatal cholestasis, sensorineural deafness, failure to thrive, craniofacial abnormalities</i>
Was plasmalogen testing done? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	[IF YES] Plasmalogen level? <input type="checkbox"/> Normal <input type="checkbox"/> Low <input type="checkbox"/> Unknown

Family History done? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	[IF YES] 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
Were fibroblast studies done? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	[IF YES] 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
Molecular Genetics	
Was mutation analysis done? <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>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
	[IF ABCD1] Check the type of variations found: <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 done; rule out other disorders of peroxisomal beta oxidation <input type="checkbox"/> Variant of unknown significance <input type="checkbox"/> Deletion identified in ABCD1 and DXS1357 <input type="checkbox"/> Unknown

	<p>[IF PEX1] Check the type of variations found on:</p> <p>Allele 1</p> <ul style="list-style-type: none"> <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>Allele 2</p> <ul style="list-style-type: none"> <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>[IF ACOX1] Check the type of variations found on:</p> <p>Allele 1</p> <ul style="list-style-type: none"> <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>Allele 2</p> <ul style="list-style-type: none"> <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><i>[IF HSD17b4]</i> Check the type of variations found on:</p> <p>Allele 1</p> <ul style="list-style-type: none"> <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>Allele 2</p> <ul style="list-style-type: none"> <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><i>[IF 1 of the 7 known genes for Aicardi-Goutières Syndrome]</i> Check the type of variations found on:</p> <p>Allele 1</p> <ul style="list-style-type: none"> <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>Allele 2</p> <ul style="list-style-type: none"> <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><i>[If Other Gene Selected]</i></p> <p>Other Gene Name;_____</p> <p>Check the type of variations found on:</p> <p>Allele 1</p> <p><input type="checkbox"/> Variant known to be disease causing</p> <p><input type="checkbox"/> Variant of unknown significance</p> <p><input type="checkbox"/> Variant of unknown significance (predicted to be pathogenic)</p> <p><input type="checkbox"/> Wild Type (normal)</p> <p><input type="checkbox"/> Unknown</p> <p>Allele 2</p> <p><input type="checkbox"/> Variant known to be disease causing</p> <p><input type="checkbox"/> Variant of unknown significance</p> <p><input type="checkbox"/> Variant of unknown significance (predicted to be pathogenic)</p> <p><input type="checkbox"/> Wild Type (normal)</p> <p><input type="checkbox"/> Unknown</p>
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Spinal Muscular Atrophy (SMA)

Diagnostic Workup	
Newborn Screen Molecular Test for SMN1? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<p><i>[IF YES]</i></p> <p>What was the result?</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
Newborn Screen Molecular Test for SMN2? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<p><i>[IF YES]</i></p> <p>SMN2 Copy Number?</p> <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Two or more <input type="checkbox"/> Unknown/Not Done
Post-Newborn Screen Molecular Test for SMN1? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<p><i>[IF YES]</i></p> <p>What was the result?</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><i>* true deletion of exon 7 (or larger) or for which there has been a gene conversion of exon 7 (or more)</i></p>

Post-Newborn Screen Molecular Test for SMN2? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<i>[IF YES]</i> SMN2 Copy Number? <input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Two or more <input type="checkbox"/> Unknown/Not Done
Parental Molecular Testing Family History/Parental Genetic Testing? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<i>[IF YES]</i> What was the result? <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
Clinical symptoms? <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>
Was treatment started? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<i>[IF YES]</i> Type of treatment? (Check all that apply) <input type="checkbox"/> Gene Therapy <input type="checkbox"/> Nusinersin <input type="checkbox"/> Other: please describe _____ <input type="checkbox"/> Unknown