NEWBORN SCREENING PROGRAM
New York State Department of Health
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E-mail: nbsinfo@health.ny.gov
Website: http://www.wadsworth.org/newborn/

INHERITED METABOLIC DISORDER DIAGNOSIS FORM

Dear Doctor:
Please complete this form in its entirety and return it to the Newborn Screening Program as soon as possible.
Attach Clinical Laboratory results including any available mutation analysis.
Your response is required, as specified in Title 10 New York Code of Rules and Regulations subpart 69-1.7c.

NEWBORN INFORMATION

Name at birth: _____
AKA: _____

Single Birth ☐ Twin A ☐ Twin B ☐ Other _____
Mother's name: _____
Date of Birth: _____

Gender: Male ☐ Female ☐
Hospital of birth: _____
Medical Record #: _____

Diagnosis Date:_____

Galactosemia

GALT01 **[ ]** Expired, If cause of death is known, choose the appropriate diagnosis below.
GALT10 **[ ]** Disease, Galactosemia – classical
GALT11 **[ ]** Disease, Galactosemia – variant
GALT29 **[ ]** Disease, not on NBS panel. Specify: _____
GALT30 **[ ]** Inconclusive/possible (work-up in progress), GALT
GALT40 **[ ]** No disease

Biotinidase

BIOT01 **[ ]** Expired, If cause of death is known, choose the appropriate diagnosis below.
BIOT10 **[ ]** Disease Biotinidase – classical
BIOT11 [ ] Disease – partial Biotinidase deficiency
BIOT29 **[ ]** Disease, not on NBS panel. Specify: _____
BIOT30 **[ ]** Inconclusive/possible (work-up in progress), BIOT
BIOT40 **[ ]** No disease
BIOT41 **[ ]** No disease transient abnormality due to prematurity/TPN

GAMT

GAMT01 **[ ]** Expired, If cause of death is known, choose the appropriate diagnosis below.
GAMT10 **[ ]** Disease, Guanidinoacetate methyltransferase (GAMT) deficiency
GAMT29 **[ ]** Disease, not on NBS panel. Specify: _____
GAMT30 **[ ]** Inconclusive/possible (work-up in progress), GAMT
GAMT40 **[ ]** No disease

Was this newborn previously known to be at increased risk for this disorder?
[ ] No [ ] Yes, family history [ ] Yes, prenatal testing [ ] Yes, preconception testing

COMMENTS: _____
PHYSICIAN'S SIGNATURE: _____DATE:_____
PRINT NAME: _____