CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
NEWBORN SCREENING PROGRAM
850 MARINA BAY PARKWAY, ROOM F175
RICHMOND, CA 94804
(510) 412-1502

Accession Number: 547-55-555/21-5654-65

DESERT REGIONAL MEDICAL CENTER

Need Hospital Address, City Etc.

Newborn's Physician: ALEXANDER VILLARASA

Testing Laboratory:

PerkinElmer Genetics
850 Marina Bay Parkway
Richmond, CA 94804

Director:

John Sherwin, Ph.D.
PerkinElmer Genetics
(866) 463-6436

SCID NEWBORN SCREENING RESULTS - 2nd Specimen

BABY	
TEST	BABY GIRL
Gender:	F
Medical Record #:	904687

BIRTH/COLLECTION INFORMATION	Date	Time
Baby's Birth:	6/28/2010	1749
Specimen Collection:	6/30/2010	
Age at Collection:	**NEED BABY's AGE at Coll**	
Birth Weight:	3300	
Specimen Collection Site:	DESERT REGIONAL MEDICAL CENTER	
Feeding Type:	BRF	
Newborn on TPN/Hyperal or Amino Acids:	0	
Transfusion:	0	

MOTHER
NEED MOTHER'S NAME
84377 ANYSTREET AVE
ANYTOWN, CA 92236
(760) 555-5555

Test interpretations are based on the Birth/Collection Information provided above and subject to disclaimer below.

TEST	Analyte:	Value	Reference Range
Severe Combined Immune Deficiency (SCID)	TREC	564	TREC#: Greater than or equal to 60
	Actin	564	ACTIN#: Greater than or equal to 10,000

Interpretation: **POSITIVE SCID TEST RESULT**

Action Required: **A liquid blood specimen for CBC differential and flow cytometry at Quest Diagnostics is required for confirmation of the screening result.**

DNA analysis was performed for the determination of copy number of one of the T-cell Receptor Excision Circles (TRECs) by real time quantitative PCR. TRECs are generated during the differentiation of T cells, and are used as surrogate markers for the number of naïve T cells. FOR THIS SAMPLE, THE COPY NUMBERS OF THE TREC WERE DETERMINED TO BE SIGNIFICANTLY BELOW NORMAL LIMIT. ALTHOUGH THE ASSAY IS INTENDED FOR THE IDENTIFICATION OF SCID, IT CAN ALSO DETECT OTHER FORMS OF PROFOUND T CELL LYMPHOPENIA. Result should be interpreted in the context of clinical presentation.

***DNA testing was developed and its performance characteristics determined by PerkinElmer Genetics, Inc. It has not been cleared or approved by the U.S. Food and Drug Administration (FDA). The FDA has determined that such clearance or approval is not necessary. Genetic testing is performed by PCR and allele specific hybridization. This test is used for clinical purposes. It should not be regarded as investigational or for research. This laboratory is certified under the Clinical Laboratory Improvement Amendments of 1988 (CLIA-88) as qualified to perform high complexity testing.*

Due to biological variability of newborns and differences in detection rates for the various disorders in the newborn period, the Newborn Screening Program will no identify all newborns with these conditions. While a positive screening result identifies the newborns at an increased risk to justify a diagnostic work-up, a negative screening does NOT rule out the possibility of a disorder. Health care providers should remain watchful for any sign or symptoms of these disorders in their patients. A newborn screening result should NOT be considered diagnostic, and cannot replae the individualized evaluation and diagnosis of an infant by a well-trained, knowledgeable health care provider.

If you have questions regarding these results, please contact the Newborn Screening Staff at
Rady Children's Hospital San Diego **DORIS or CENTER's NUMBER**