

**Reporting Title:** CAH Newborn Screen, BS**Performing Location:** Rochester**Necessary Information:**

Birth weight, time of birth, and gestational age are required.

**Specimen Requirements:**

Supplies: Card-Blood Spot Collection (Filter Paper) (T493)

Container/Tube:

Preferred: Blood Spot Collection Card

Acceptable: Local newborn screening card, Whatman 903 filter paper, PerkinElmer 226 filter paper, Munktell filter paper

Specimen Volume: 2 Blood spots

Collection Instructions:

1. Do not use device or capillary tube containing EDTA to collect specimen.
2. Completely fill at least 2 circles on the filter paper card (approximately 100 microliters blood per circle).
3. Let blood dry on filter paper at ambient temperature in a horizontal position for a minimum of 3 hours.
4. Do not expose specimen to heat or direct sunlight.
5. Do not stack wet specimens.
6. Keep specimen dry.

Additional Information:

1. For collection instructions, see Blood Spot Collection Instructions
2. For collection instructions in Spanish, see Blood Spot Collection Card-Spanish Instructions (T777)
3. For collection instructions in Chinese, see Blood Spot Collection Card-Chinese Instructions (T800)

**Specimen Minimum Volume:**

1 Blood spot

**Forms:**

If not ordering electronically, complete, print, and send a Biochemical Genetics Test Request (T798) with the specimen.

Specimen Type	Temperature	Time	Special Container
Whole blood	Ambient (preferred)	90 days	FILTER PAPER
	Frozen	90 days	FILTER PAPER
	Refrigerated	90 days	FILTER PAPER

**Ask at Order Entry (AOE) Questions:**

Test ID	Question ID	Description	Type	Reportable
CAH2T	BG688	Birth Weight (grams, XXXX)	Plain Text	Yes
CAH2T	BG689	Time of Birth (24hr time, XX:XX)	Plain Text	Yes
CAH2T	BG690	Gestational Age (weeks, XX.X)	Plain Text	Yes

**Result Codes:**

Result ID	Reporting Name	Type	Unit	LOINC®
42207	17-OH Progesterone	Numeric	ng/mL	38473-5
42208	Androstenedione	Numeric	ng/mL	53343-0
42209	Cortisol	Numeric	ng/mL	53345-5
42210	11-deoxycortisol	Numeric	ng/mL	53338-0
42211	21-deoxycortisol	Numeric	ng/mL	53341-4
42212	(17OHP+Androstenedione)/Cortisol	Alphanumeric		53336-4
42213	11-deoxycortisol/Cortisol	Alphanumeric		No LOINC Needed
BG688	Birth Weight (grams, XXXX)	Alphanumeric		8339-4
BG689	Time of Birth (24hr time, XX:XX)	Alphanumeric		57715-5
BG690	Gestational Age (weeks, XX.X)	Alphanumeric		76516-4
42206	Reviewed By	Alphanumeric		18771-6
42214	Interpretation (CAH2T)	Alphanumeric		46758-9

LOINC and CPT codes are provided by the performing laboratory.

**Supplemental Report:**

No

**CPT Code Information:**

82542

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**Reference Values:**

17-HYDROXYPROGESTERONE (17-OHP)

&lt;15.1 ng/mL

ANDROSTENEDIONE

&lt;3.1 ng/mL

CORTISOL

Not applicable

11-DEOXYCORTISOL

&lt;15.1 ng/mL

21-DEOXYCORTISOL

&lt;4.1 ng/mL

(17-OHP + ANDROSTENEDIONE)/CORTISOL RATIO

&lt;1.1

Note: Abnormal (17-OHP + Androstenedione)/Cortisol Ratio: &gt; or =1.1 is only applicable when 17-OHP is elevated

11-DEOXYCORTISOL/CORTISOL RATIO

Not applicable