



**Division of Laboratory Services**

630 Hart Lane  
 Nashville, TN 37216  
 615-262-6300

<https://www.tn.gov/newbornscreeninglab>

**Newborn Screening Disorder:**

**Homocystinuria (HCY)**

<b>Alternate Name(s)</b>	<ul style="list-style-type: none"> <li>CBS deficiency</li> </ul>
<b>Analyte(s) Tested</b>	<ul style="list-style-type: none"> <li>Methionine</li> </ul>
<b>Methodology</b>	Tandem Mass Spectrometry
<b>TDH Requisition Form</b>	<ul style="list-style-type: none"> <li><b>PH-1582</b></li> <li><b>Form Requests:</b> Contact state lab by email or fax. Include facility name, address, phone number and contact person on your request.             Fax: (615) 262-6455                      Email: <a href="mailto:DCLAB.supply@tn.gov">DCLAB.supply@tn.gov</a></li> </ul>
<b>Acceptable Specimen</b>	<b>Dried blood spots on filter paper collected from infants less than 6 months of age</b>
<b>Collection Information</b>	<ul style="list-style-type: none"> <li><b>Optimal specimen:</b> Collect at 24 hours + 1 minute of life</li> <li><b>Acceptable specimen:</b> Collect 24-48 hours of life</li> <li><b>If transfused:</b> Recollect 4 days post transfusion</li> </ul>
<b>Shipping Information</b>	<ul style="list-style-type: none"> <li><a href="#">Health Departments and Birthing Hospitals</a></li> <li><a href="#">Private Clinics and Midwives</a></li> </ul>
<b>Screening Results</b>	<ul style="list-style-type: none"> <li><a href="#">Tennessee Newborn Screening's Secure Remote Viewer (SRV)</a> <ul style="list-style-type: none"> <li>Healthcare providers must be registered to view and print patient result reports. To Register: Complete and submit <a href="#">SRV Access Form (PH-3909)</a>.</li> </ul> </li> <li><a href="#">NBS List of Screened Disorders and Mailer Explanations</a></li> </ul>
<b>Laboratory Location Performing Testing</b>	Nashville, TN