

## **Division of Laboratory Services**

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

https://www.tn.gov/newbornscreeninglab

## **Newborn Screening Disorder:**

## **Propionic Acidemia (PROP)**

| Alternate Name(s)                      | <ul> <li>Propionyl-CoA carboxylase deficiency</li> <li>PCC deficiency</li> <li>Glycinemia, ketotic</li> <li>Hyperglycinemia with ketoacidosis and leukopenia</li> <li>Ketotic hyperglycinemia</li> <li>Ketotic glycinemia</li> <li>Propionicacidemia</li> </ul>   |
|--|---|
| Analyte(s) Tested                      | • C3  |
| Methodology                            | Tandem Mass Spectrometry  |
| TDH Requisition Form                   | <ul> <li>PH-1582</li> <li>Form Requests: Contact state lab by email or fax. Include facility name, address, phone number and contact person on your request.</li> <li>Fax: (615) 262-6455</li> <li>Email: <a href="mailto:DCLAB.supply@tn.gov">DCLAB.supply@tn.gov</a></li> </ul>                                       |
| Acceptable Specimen                    | Dried blood spots on filter paper collected from infants less than 6 months of age  |
| Collection Information                 | <ul> <li>Optimal specimen: Collect at 24 hours + 1 minute of life</li> <li>Acceptable specimen: Collect 24-48 hours of life</li> <li>If transfused: Recollect 4 days post transfusion</li> </ul>  |
| Shipping Information                   | <ul> <li>Health Departments and Birthing Hospitals</li> <li>Private Clinics and Midwives</li> </ul>   |
| Screening Results                      | <ul> <li>Tennessee Newborn Screening's Secure Remote Viewer (SRV)         <ul> <li>Healthcare providers must be registered to view and print patient result reports. To Register: Complete and submit SRV Access Form (PH-3909).</li> </ul> </li> <li>NBS List of Screened Disorders and Mailer Explanations</li> </ul> |
| Laboratory Location Performing Testing | Nashville, TN   |