

1 **DEPARTMENT OF PUBLIC HEALTH AND ENVIRONMENT**

2 **Laboratory Services Division**

3 **NEWBORN SCREENING AND SECOND NEWBORN SCREENING**

4 **5 CCR 1005-4**

5 **NEWBORN SCREENING REGULATIONS**

6 1.1 Under the authority contained in Sections 25-4-801 through 25-4-804 and 25-4-1001 through 25-
7 4-1006 (not including Section 25-4-1004.7) C.R.S. (1998), the following rules and regulations are
8 established.

9 1.2 Definitions: The following terms, whenever used in or referred to in these regulations, shall have
10 the following respective meanings, unless a different meaning clearly appears from the context:

11 "Department" shall mean the Colorado Department of Public Health and Environment.

12 "Laboratory" shall mean the Colorado Department of Public Health and Environment Laboratory.

13 "Initial Newborn Screening Specimen" shall mean specimen collected from a newborn prior to
14 discharge, but in all cases within seven days after birth for the purpose of conducting screening
15 tests.

16 1.3 Procedures

17 1.3.1 Births in Institutions: The blood specimens of newborns born in institutions and all other
18 specimens taken in conformity with the law and these regulations will be sent to the
19 Laboratory for testing. Follow up specimens from newborns with positive screening tests
20 will be obtained and tested as necessary for proper diagnosis.

21 1.3.1.1 The hospital or institution or the chief medical staff officer or other person in
22 charge thereof will cause an initial newborn screening specimen to be obtained
23 from every newborn born therein as late as possible before discharge, but no
24 later than 72 hours of age.

25 1.3.1.2 The specimen shall consist of capillary blood collected by heel puncture or
26 alternate method authorized by the Laboratory, directly upon special blotter
27 paper furnished by the Laboratory. All circles shall be saturated with blood from
28 one side of the blotter only. The specimen collector will provide, on the provided
29 form, all information requested by the Laboratory. The specimens, after air
30 drying, will be forwarded to the Laboratory within 24 hours of collection, or at the
31 earliest opportunity, by first class mail or other appropriate means.

32 1.3.1.3 If the newborn is to receive a blood transfusion, then the specimen for newborn
33 screening is to be obtained prior to this procedure .

34 1.3.2 Births Outside Institutions: The physician, nurse midwife, or other health professional
35 attending a birth outside a hospital, shall be responsible for the collections and forwarding
36 of the specimen described in 1.3.1.2 above. In the absence of a health professional, any
37 other person attending the birth, or in the absence of any person so attending, the father
38 or mother, or in the absence of the father and the inability of the mother, the person in
39 charge of the premises where the birth occurred shall be responsible.

40 1.4 Testing and Reporting: The prescribed tests will be initiated by the Laboratory within 24 hours of
41 receipt of the specimen, weekends and holidays excepted. The Laboratory shall report as follows:

42 1.4.1 Reports of normal test results will be sent to the submitting agency within seven working
43 days.

44 1.4.2 Abnormal test results will be reported immediately by telephone to the physician of record
45 and to designated consultants. In case of inability to identify or locate a physician of
46 record, the abnormal test result will be reported to the hospital or submitting agency
47 which originated the specimen, or, if the birth did not occur in a health facility, to the
48 father or mother.

49 1.4.3 Unsatisfactory specimens or specimens with equivocal results will be reported
50 immediately to the submitting agency which originated the specimen with an explanation
51 of the results. The submitting agency responsible for the newborn's care at the time of
52 the report will cause another specimen to be forwarded at the appropriate time.

53 1.4.4 The submitting agency that originated the specimen shall forward the Newborn Screening
54 results to the health care provider responsible for the newborn's care within the time
55 frame of 1.4.1 and 1.4.3 above.

56 1.5 Quality Control and Education

57 1.5.1 The Laboratory shall have available for review a written quality assurance program plan
58 covering all aspects of laboratory activity.

59 1.5.2 The Laboratory shall make available educational materials and training concerning
60 specimen collection to all submitting agencies.

61 1.6 List of Conditions for Newborn Screening

62 1.6.1 The Laboratory shall conduct screening tests for the following conditions:

63 1.6.1.1 Phenylketonuria

64 1.6.1.2 Congenital Hypothyroidism

65 1.6.1.3 Hemoglobinopathies

66 1.6.1.4 Galactosemia

67 1.6.1.5 Cystic Fibrosis

68 1.6.1.6 Biotinidase Deficiency

69 1.6.1.7 Congenital Adrenal Hyperplasia

70 1.6.1.8 Medium Chain Acyl-CoA dehydrogenase deficiency

71 1.6.1.9 Very Long Chain Acyl-CoA dehydrogenase deficiency

72 1.6.1.10 Long-Chain L-3-Hydroxy Acyl-CoA dehydrogenase deficiency

73 1.6.1.11 Trifunctional protein deficiency

74	1.6.1.12	Carnitine Acyl-carnitine translocase deficiency
75	1.6.1.13	Short Chain Acyl-CoA dehydrogenase deficiency
76	1.6.1.14	Carnitine palmitoyltransferase II deficiency
77	1.6.1.15	Glutaric acidemia Type 2
78	1.6.1.16	Arginosuccinic acidemia
79	1.6.1.17	Citrullinemia
80	1.6.1.18	Tyrosinemia
81	1.6.1.19	Hypermethionemia
82	1.6.1.20	Maple Syrup urine disease
83	1.6.1.21	Homocystinuria
84	1.6.1.22	Isovaleric acidemia
85	1.6.1.23	Glutaric acidemia Type 1
86	1.6.1.24	3-hydroxy-3-methylglutaryl-CoA Lyase deficiency
87	1.6.1.25	Multiple Carboxylase deficiency
88	1.6.1.26	3-methylcrotonyl-CoA carboxylase deficiency
89	1.6.1.27	3-methylglutaconic aciduria
90	1.6.1.28	Methylmalonic acidemias
91	1.6.1.29	Propionic acidemia
92	1.6.1.30	beta-Ketothiolase deficiency
93	1.6.1.31	Carnitine uptake defect
94	1.6.1.32	Arginase deficiency
95	1.6.1.33	Malonic acidemia
96	1.6.1.34	Carnitine palmitoyltransferase deficiency 1A
97	<u>1.6.1.35</u>	SEVERE COMBINED IMMUNODEFICIENCY

**RULES AND REGULATIONS OF THE EXECUTIVE DIRECTOR COLORADO DEPARTMENT OF
PUBLIC HEALTH AND ENVIRONMENT**

IMPLEMENTATION OF SECOND NEWBORN SCREENING

1.1 Under the authority contained in Section 25-4-1004.5(3) C.R.S., the following Rules and Regulations are established.

103 1.2 Definitions

104 "Department" shall mean the Colorado Department of Public Health and Environment.

105 "Executive Director" shall mean the executive director of the Colorado Department of Public
106 Health and Environment.

107 "Laboratory" shall mean the Colorado Department of Public Health and Environment Laboratory.

108 "Initial newborn screening specimen" shall mean specimen collected from a newborn prior to
109 discharge, but in all cases within seven days after birth for the purpose of conducting screening
110 tests.

111 "Second newborn screening specimen" shall mean a specimen collected from a newborn
112 between eight and 14 days after birth, but in no case less than 72 hours or greater than 30 days
113 after birth, for the purpose of conducting screening tests.

114 1.3 Procedures

115 1.3.1 The parent(s) or other legal guardian(s) of the newborn shall be advised of the necessity
116 of the second newborn screening test.

117 1.3.1.1 Births in Institutions: It shall be the responsibility of the hospital or institution or
118 the chief medical staff officer or other person in charge thereof to advise, verbally
119 and in writing, such as by written information made available from the
120 Department, the parent(s) or other legal guardian(s) of the newborn that it is
121 necessary to have a second newborn screening test performed.

122 1.3.1.2 Births outside Institutions: It shall be the responsibility of the physician, nurse
123 midwife, lay midwife, or other health professional attending a birth outside a
124 hospital to advise, verbally and in writing, such as by written information made
125 available from the Department, the parent(s) or other legal guardian(s) of the
126 newborn, of the necessity of the second newborn screening.

127 1.3.2 The attending health care provider shall collect or require the specimen be collected from
128 all newborns at the first post partum appointment, but in no case less than 72 hours or
129 greater than 30 days after birth. The specimen shall consist of capillary blood collected by
130 heel puncture or alternate method authorized by the Laboratory, directly upon special
131 blotter paper furnished by the Laboratory. All circles shall be saturated with blood from
132 one side of the blotter only. The specimen collector will provide, on the provided form, all
133 information requested by the Laboratory. The specimens, after air drying, shall be
134 forwarded to the Laboratory within 24 hours of collection, or at the earliest opportunity, by
135 first class mail or other appropriate means.

136 1.4 Testing and Reporting: The prescribed tests will be initiated by the Laboratory within 24 hours of
137 receipt of the specimen, weekends and holidays excepted. The Laboratory shall report as follows:

138 1.4.1 Reports of normal test results will be sent to the submitting agency within seven working
139 days.

140 1.4.2 Abnormal test results will be reported immediately by telephone to the physician of record
141 and to designated consultants. In case of inability to identify or locate a physician of
142 record, the abnormal test result will be reported to the submitting agency which originated
143 the specimen, or, if the birth did not occur in a health facility, to the father or mother.

144 1.4.3 Unsatisfactory specimens or specimens with equivocal results will be reported
145 immediately to the submitting agency which originated the specimen with an explanation
146 of the results. The health care provider responsible for the newborn's care at the time of
147 the report will cause another specimen to be forwarded at the appropriate time.

148 1.4.4 The submitting agency that originated the specimen shall forward the newborn screening
149 results to the health care provider responsible for the newborn's care.

150 1.5 Quality Control and Education

151 1.5.1 The Laboratory shall have available for review a written quality assurance program plan
152 covering all aspects of testing and reporting second specimens.

153 1.5.2 The Laboratory shall make available educational materials and training concerning
154 specimen collection to submitting agencies.

155 1.6 List of Conditions for Second Newborn Screening

156 1.6.1 The Laboratory shall conduct screening tests for the following conditions:

157 1.6.1.1 Phenylketonuria

158 1.6.1.2 Congenital Hypothyroidism

159 1.6.1.3 Hemoglobinopathies

160 1.6.1.4 Galactosemia ¹

161 1.6.1.5 Cystic Fibrosis ¹

162 1.6.1.6 Biotinidase Deficiency ¹

163 1.6.1.7 Congenital Adrenal Hyperplasia

164 ¹ These disorders need not be tested again unless:

165 a) an unsatisfactory specimen was submitted for first screen testing, or

166 b) an abnormal result was obtained on first screen testing, or

167 c) no record of a satisfactory first screen specimen submission can be ascertained.