



Ohio Administrative Code

Rule 3701-55-02 Required screening; facility requirements.

Effective: November 1, 2017

(A) All newborn children shall be screened in accordance with procedures set forth in this chapter for the presence of the following genetic, endocrine, or metabolic disorders:

- (1) 2-methylbutyryl-CoA dehydrogenase deficiency;
- (2) 3-hydroxy-3-methylglutaryl-CoA lyase deficiency;
- (3) 3-ketothiolase deficiency;
- (4) 3-methylcrotonyl-CoA carboxylase deficiency;
- (5) Argininemia;
- (6) Argininosuccinic acidemia;
- (7) Biotinidase deficiency;
- (8) Carnitine/acylcarnitine translocase deficiency;
- (9) Carnitine palmitoyl transferase deficiency type II;
- (10) Carnitine uptake defect;
- (11) Citrullinemia;
- (12) Congenital adrenal hyperplasia;
- (13) Congenital hypothyroidism;



- (14) Cystic fibrosis;
- (15) Galactosemia;
- (16) Glutaric acidemia type I;
- (17) Glutaric acidemia type II;
- (18) Glycogen storage disease type II (Pompe);
- (19) Homocystinuria (cystathionine-beta-synthase deficiency);
- (20) Hypermethioninemia;
- (21) Isobutyryl-CoA dehydrogenase deficiency;
- (22) Isovaleric acidemia;
- (23) Krabbe disease;
- (24) Long chain hydroxyacyl-CoA dehydrogenase deficiency;
- (25) Maple syrup urine disease;
- (26) Medium chainacyl-CoA dehydrogenase deficiency;
- (27) Methylmalonic acidemia;
- (28) Mucopolysaccharidosis type 1;
- (29) Multiple CoA carboxylase deficiency;



(30) Phenylketonuria;

(31) Propionic acidemia;

(32) Severe combined immune deficiency;

(33) Sickle cell and other hemoglobinopathies;

(34) Trifunctional protein deficiency;

(35) Tyrosinemia type-I;

(36) Tyrosinemia type-II;

(37) Tyrosinemia type-III; and

(38) Very long chain acyl-CoA dehydrogenase deficiency.

(B) All hospitals and freestanding birthing centers that are required by this chapter to cause specimens to be collected for newborn screening for genetic, endocrine, or metabolic disorders shall:

(1) Designate a newborn screening coordinator and physician responsible for the coordination of the facility's newborn screening;

(2) Notify the chief of the Ohio department of health bureau of public laboratories of the name of the individual designated as the newborn screening coordinator on a yearly basis and whenever the designated individual changes; and

(3) Develop a written protocol for tracking newborn screening. The protocol must include a requirement that the name of the physician attending the child after birth or a designee be placed on the specimen slip sent with the initial specimen to the Ohio department of health public health laboratory.