Division of Laboratory Services
630 Hart Lane
Nashville, TN 37216
615-262-6300
https://www.tn.gov/newbornscreeninglab

Newborn Screening Disorder:

Spinal Muscular Atrophy Type I (SMA)

Alternate Name(s)	• 5q SMA; proximal SMA • Werding-Hoffman Disease • Infantile acute
Analyte(s) Tested	• Survival Motor Neuron Gene(SMN1), Ribonuclease P30 (RPP30)
Methodology	Real-Time Quantitative Polymerase Chain Reaction (RT-qPCR)
TDH Requisition Form	• **PH-1582** • **Form Requests**: Contact state lab by email or fax. Include facility name, address, phone number and contact person on your request. **Fax**: (615) 262-6455 **Email**: DCLAB.supply@tn.gov
Acceptable Specimen	**Dried blood spots on filter paper collected from infants less than 6 months of age**
Collection Information	• **Optimal specimen**: Collect at 24 hours + 1 minute of life • **Acceptable specimen**: Collect 24-48 hours of life • **If transfused**: Recollect 4 days post transfusion
Shipping Information	• Health Departments and Birthing Hospitals • Private Clinics and Midwives
Screening Results	• Tennessee Newborn Screening's Secure Remote Viewer (SRV) ○ Healthcare providers must be registered to view and print patient result reports. To Register: Complete and submit SRV Access Form (PH-3909). • NBS List of Screened Disorders and Mailer Explanations
Laboratory Location Performing Testing	Nashville, TN