



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
LABORATORY SERVICES
NEWBORN SCREENING PROGRAM
630 HART LANE
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MEMORANDUM

TO: Submitters/Providers of Newborn Screening Specimens

FROM: Christine D. McKeever
NBS Division Manager/MS/MS Manager

DATE: July 29, 2009

SUBJECT: **Biotinidase**

Beginning with Julian Date 213 or August 1, 2009, our Biotinidase assay will be changing from the continuous flow method to the Microplate reagent kit manufactured by Astoria Pacific. This new assay brings two changes:

1. The unit of measure will change from ERU (Enzyme Response Units) to MRU (Microplate Response Units).
2. Cutoffs will change for normal, partial deficient and deficient.

Our new cutoffs for Biotinidase are as follows:

Within Normal Limits	≥ 27 MRU
Partial Deficient	≥ 13 MRU - < 27 MRU
Deficient	< 13 MRU

If you should have any questions, please call the Newborn Screening Laboratory at 615-262-6352 or the Women's Health and Genetics Follow-up Program at 615-262-6304.