

**Division of Laboratory Services**

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<https://www.tn.gov/newbornscreeninglab>

**Newborn Screening Disorder:**

**Spinal Muscular Atrophy Type VI (SMA)**

<b>Alternate Name(s)</b>	<ul style="list-style-type: none"> <li>• Adult-onset spinal muscular atrophy</li> </ul>
<b>Analyte(s) Tested</b>	<ul style="list-style-type: none"> <li>• Survival Motor Neuron Gene(SMN1), Ribonuclease P30 (RPP30)</li> </ul>
<b>Methodology</b>	Real-Time Quantitative Polymerase Chain Reaction (RT-qPCR)
<b>TDH Requisition Form</b>	<ul style="list-style-type: none"> <li>• <b>PH-1582</b></li> <li>• <b>Form Requests:</b> Contact state lab by email or fax. Include facility name, address, phone number and contact person on your request. <b>Fax:</b> (615) 262-6455      <b>Email:</b> <a href="mailto:DCLAB.supply@tn.gov">DCLAB.supply@tn.gov</a></li> </ul>
<b>Acceptable Specimen</b>	<b>Dried blood spots on filter paper collected from infants less than 6 months of age</b>
<b>Collection Information</b>	<ul style="list-style-type: none"> <li>• <b>Optimal specimen:</b> Collect at 24 hours + 1 minute of life</li> <li>• <b>Acceptable specimen:</b> Collect 24-48 hours of life</li> <li>• <b>If transfused:</b> Recollect 4 days post transfusion</li> </ul>
<b>Shipping Information</b>	<ul style="list-style-type: none"> <li>• <a href="#">Health Departments and Birthing Hospitals</a></li> <li>• <a href="#">Private Clinics and Midwives</a></li> </ul>
<b>Screening Results</b>	<ul style="list-style-type: none"> <li>• <a href="#">Tennessee Newborn Screening's Secure Remote Viewer (SRV)</a> <ul style="list-style-type: none"> <li>○ Healthcare providers must be registered to view and print patient result reports. To Register: Complete and submit <a href="#">SRV Access Form (PH-3909)</a>.</li> </ul> </li> <li>• <a href="#">NBS List of Screened Disorders and Mailer Explanations</a></li> </ul>
<b>Laboratory Location Performing Testing</b>	Nashville, TN