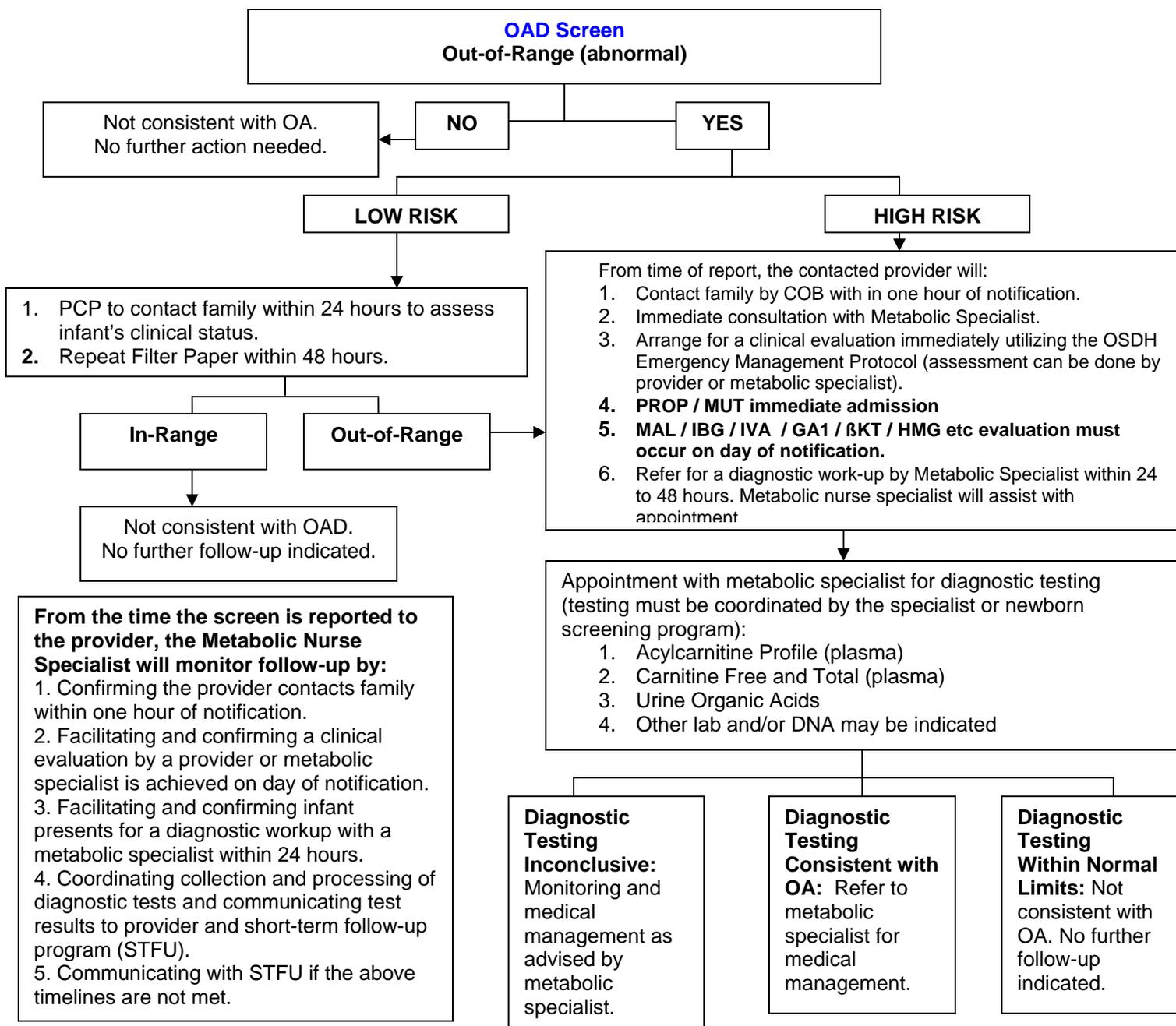


**OA Screening (PROP/MUT/MAL/IBG/IVA/2MBG/βKT/GA1/3MCC/HMG/2MGA/MCD)
Oklahoma State Department of Health OAD Protocol**



From the time the screen is reported to the provider, the Metabolic Nurse Specialist will monitor follow-up by:

1. Confirming the provider contacts family within one hour of notification.
2. Facilitating and confirming a clinical evaluation by a provider or metabolic specialist is achieved on day of notification.
3. Facilitating and confirming infant presents for a diagnostic workup with a metabolic specialist within 24 hours.
4. Coordinating collection and processing of diagnostic tests and communicating test results to provider and short-term follow-up program (STFU).
5. Communicating with STFU if the above timelines are not met.

Table 1. In-range OAD Screen Results¹:

DISORDER	Primary Analyte (μmol/L)	Secondary Analyte (μmol/L)	DISORDER	Primary Analyte (μmol/L)	Secondary Analyte (μmol/L)
PROP / MUT	C3 < 7.21	C3/C2 < 0.25	GA1	C5DC < 0.46	C5DC/C8 < 4.60 & C5DC/C16 < 0.20
MAL	C3DC < 0.44	NONE	βKT	C5:1 < 0.10	C5OH+C4DC < 0.80
IBG	C4 < 1.27	C4/C2 < 0.06	HMG	C5OH+C4DC < 0.80	C6DC < 0.27 for HMG & 3MGA only
IVA / 2MBG	C5 < 0.87	C5/C2 < 0.05	3MGA		
			3MCC		
			MCD		

¹These values are utilized for newborns less than 60 days old.

²Elevations of the secondary analytes are reported as "not consistent with FAOD" if primary analyte is in range in-range.