Tyrosine Screen
Out-of-Range (abnormal)
Tyrosine ≥ 400 µmol/L

Not consistent with Tyrosinemia
No further action needed.  NO

Infant < 14 days old at time of screening
Primary Analyte (Tyrosine)
Tyrosine > 400 µmol/L

Contact family within 24 hours to
assess infant’s clinical status.
Repeat Filter Paper at 14 days of age
In-Range

Not consistent with Tyrosinemia.
No further follow-up indicated.
Out-of-Range

Infant > 14 days old at time of screening
Primary Analyte (Tyrosine)
Tyrosine > 400 µmol/L

From time of report, the contacted provider will:
1. Contact family by COB (close of business),
2. Immediately consult with metabolic specialist.
3. Refer for a diagnostic work-up by Metabolic Specialist if older than 14 days.

Appointment with metabolic specialist for diagnostic testing
(testing must be coordinated by the specialist or newborn screening program):
1. Plasma Amino Acids – (increased tyrosine)
2. Urine Organic Acids – (succinylacetone)
3. Other lab and/or DNA may be indicated

Diagnostic Testing
Inconclusive:
Monitoring and medical management as advised by metabolic specialist.

Diagnostic Testing
Consistent with: Refer to metabolic specialist for medical management.

Diagnostic Testing
Within Normal Limits: Not consistent with Tyrosinemia. No further follow-up indicated.

Table 1. In-range Tyrosine Screen Results¹
Primary Analyte:
Tyrosine < 400 µmol/L

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

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 before COB.
2. Facilitating clinical evaluation by a metabolic specialist.
3. Facilitating and confirming infant presents for a diagnostic workup with a metabolic specialist within 48 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.