



DEPARTMENT OF HEALTH

Wes Moore, Governor · Aruna Miller, Lt. Governor · Meena Seshamani, M.D., Ph.D., Secretary

Laboratories Administration
Robert A. Myers, Ph.D., Director
1770 Ashland Avenue
Baltimore, Maryland 21205

MEMORANDUM

Date: May 15, 2026

To: All providers of Newborn Screening specimens

From: M. Christine Dorley Ph.D., Newborn Screening Chief, Laboratories Administration *MCD*

Through: Robert A. Myers, Ph.D., Director, Laboratories Administration *RAM*

Subject: **Newborn Screening for Biotinidase Deficiency**

On Monday, May 18, 2026, we will transition testing for Biotinidase Deficiency to the automated Genetic Screening Processor (GSP) platform. This method is quantitative, so we will report numerical values when the result is outside of normal limits and within normal limits (WNL) otherwise. Newborn and subsequent specimens will be evaluated against the same cutoff (See below for cutoff and report comments).

Cutoff	Result Category	Report Comments	Action
>67 U/dL	WNL	N/A	None
	Borderline ≤67 and >22 U/dL	The Biotinidase screen is Borderline. Please collect another specimen and send it to the laboratory immediately. For questions, please contact the NBS Follow-Up team at 443-681-3916.	Collect a repeat newborn Screen.
	Abnormal ≤22 U/dL	The Biotinidase screen is outside of normal limits. This may be indicative of Biotinidase deficiency. Diagnostic follow-up is recommended. For questions, please contact the NBS Follow-Up team at 443-681-3916.	Diagnostic follow-up is needed.

Additional information:

1. Less than 24-hour collections do not affect Biotinidase screening.
2. False positives can be caused by exposure to heat and humidity plus long transport times, liver disease, preterm or low birth weight.
3. False negatives can be caused by antibiotics, preterm or low birth weight and red blood cell transfusion or extracorporeal life support (ECLS).

We are excited about this change and appreciate your patience as we continue to make improvements. We anticipate our migration of congenital adrenal hyperplasia and cystic fibrosis testing to the GSP shortly. For questions or inquiries, please contact the MDH NBS Laboratory at 443-681-3900 or by email at mdph1.nbs@maryland.gov. For inquiries about the interpretation of results please contact the MDH NBS Follow-up Unit at 443-681-3916 or by email at: mdh.newbornscreeningfollowup@maryland.gov.