Maryland
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: April 9, 2026

To: All submitters 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 Galactosemia

In January, the NBS lab temporarily discontinued screening for Total Galactose (TGAL) due to a supply chain issue. We continued Galactosemia screening using galactose-1-phosphate uridylyltransferase (GALT) enzyme as our indicator. We are pleased to announce that on Monday, April 13, 2026, we will resume screening for TGAL using an automated platform called Genetic Screening Processor (GSP). We are also migrating our GALT assay to this same platform. Our cutoffs are being adjusted to accommodate both new quantitative methods (See Table below). Newborn specimens and subsequent specimens will be evaluated against the same cutoff values. The new test methods will be reported as "WNL" for normal specimens while abnormal specimens will be reported along with their quantitative results. Cutoff values will be re-evaluated periodically and adjusted as necessary.

	Total Galactose	**GALT**
Normal cutoff	<10.7 mg/dL	>3.4 U/dL
Abnormal cutoff	≥10.7 mg/dL	≤3.4 U/dL

Additional changes to note:

1. Blood spot specimens when collected from an infant at <24 hours of age will require another collection after 24 hours for TGAL to minimize false negatives, however we will still test these specimens.
2. Feeding for 24 hours is no longer a requirement, however, it is strongly recommended that an infant be on a lactose diet at the time of specimen collection.
3. Transfusion of red cells or extracorporeal life support will affect test results for GALT. Every effort should be made to collect the newborn screen prior to transfusion.
4. Limitations of the GALT assay include false positives due to G6PD deficiency and exposure to heat and humidity. Heat and humidity also affect the Total Galactose assay causing false negatives. Therefore, it is imperative that specimens be received at the laboratory within 24 hours after collection. The TGAL assay may also not detect Duarte variant galactosemia.

We are excited about this change and appreciate your patience as we continue to make improvements. In the coming months, we will also migrate our biotinidase, congenital adrenal hyperplasia, cystic fibrosis, and congenital hypothyroidism screening assays to the GSP platform. For questions or inquiries, please contact the MDH NBS Laboratory at 443-681-3900 or by email at mdphl.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 .