



## Ohio Administrative Code

### Rule 3701-55-02 Required screening; facility requirements.

Effective: [October 24, 2022](#)

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(A) All newborn children shall be screened in accordance with procedures set forth in this chapter for the presence of the following genetic, endocrine, or metabolic disorders:

(1) 2-methylbutyryl-CoA dehydrogenase deficiency;

(2) 3-hydroxy-3-methylglutaryl-CoA lyase deficiency;

(3) 3-ketothiolase deficiency;

(4) 3-methylcrotonyl-CoA carboxylase deficiency;

(5) Argininemia;

(6) Argininosuccinic acidemia;

(7) Biotinidase deficiency;

(8) Carnitine/acylcarnitine translocase deficiency;

(9) Carnitine palmitoyl transferase deficiency type II;

(10) Carnitine uptake defect;

(11) Citrullinemia;

(12) Congenital adrenal hyperplasia;

(13) Congenital hypothyroidism;



- (14) Cystic fibrosis;
- (15) Galactosemia;
- (16) Glutaric acidemia type I;
- (17) Glutaric acidemia type II;
- (18) Glycogen storage disease type II (Pompe);
- (19) Homocystinuria (cystathionine-beta-synthase deficiency);
- (20) Hypermethioninemia;
- (21) Isovaleric acidemia;
- (22) Krabbe disease;
- (23) Long chain hydroxyacyl-CoA dehydrogenase deficiency;
- (24) Maple syrup urine disease;
- (25) Medium chainacyl-CoA dehydrogenase deficiency;
- (26) Methylmalonic acidemia;
- (27) Mucopolysaccharidosis type 1;
- (28) Multiple CoA carboxylase deficiency;
- (29) Phenylketonuria;



- (30) Propionic acidemia;
  - (31) Severe combined immune deficiency;
  - (32) Sickle cell and other hemoglobinopathies;
  - (33) Spinal Muscular Atrophy (SMA);
  - (34) Trifunctional protein deficiency;
  - (35) Tyrosinemia type-I;
  - (36) Tyrosinemia type-II;
  - (37) Tyrosinemia type-III;
  - (38) Very long chain acyl-CoA dehydrogenase deficiency; and
  - (39) X-linked adrenoleukodystrophy (X-ALD).
- (B) All hospitals and freestanding birthing centers that are required by this chapter to cause specimens to be collected for newborn screening for genetic, endocrine, or metabolic disorders shall:
- (1) Designate a newborn screening coordinator and physician responsible for the coordination of the facility's newborn screening;
  - (2) Notify the chief of the Ohio department of health bureau of public laboratories of the name of the individual designated as the newborn screening coordinator on a yearly basis and whenever the designated individual changes; and
  - (3) Develop a written protocol for tracking newborn screening activities. The protocol must include a process for documenting the dates of specimen collection, shipping, and receipt of screening results. The protocol must also include a requirement that key fields including date and time of infant birth,



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DOCUMENT #300056

date and time of specimen collection, weight of infant, feeding status, transfusion history, and the name of the physician attending the child after birth or a designee be placed on the specimen demographic form sent with the specimen to the Ohio department of health public health laboratory.