

Newborn Screen T4 Group

Order Name: **NBS T4 G**
Test Number: 2050725
Revision Date: 06/15/2026

TEST NAME	METHODOLOGY	LOINC CODE
Newborn Screen T4 Group	See Test Notes	

SPECIMEN REQUIREMENTS

Specimen	Specimen Volume (min)	Specimen Type	Specimen Container	Transport Environment
Instructions	<p>This test is for follow up or repeat testing from the initial screening.</p> <p>Please Click Here for Collection Information about this test from the Oklahoma State Health Department Newborn Screening program.</p> <p>Note Every Baby IN OKLAHOMA is required to have a blood test in the first week of life, usually at around 24 hours of age. The blood test uses a small amount of blood from the baby's heel to find out if your baby might have any NBS disorders. The OSDH Public Health Lab performs the test, and any abnormal results are given to the health care provider you indicate will take care of your baby. If more testing is needed, you will be notified by a phone call from your health care provider or a letter from OSDH. If your baby is found to have one of the NBS disorders, immediate care is needed by a pediatric specialist.</p> <p>Before Collection: Contact Newborn Screening staff with questions. Please provide collection instructions from state health department if collecting in our lab. Phone 405-426-8220 (Press 1 for hearing and 2 for blood spot and/or heart screening.) Email newbornscreen@health.ok.gov</p> <p>A repeat test is needed if:</p> <ul style="list-style-type: none"> • Screen result is abnormal. • Testing could not be done on the blood specimen. • Test was collected before your baby was 24 hours of age. • Your baby's doctor desires a repeat test. • Your baby is premature or sick at birth. • Your baby had a blood transfusion before the test was collected. 			

GENERAL INFORMATION

Clinical Use	Further information and ACT Sheets can be found at the OSDH Newborn Screening Program website .
CPT Code(s)	84443 (and a possible 84437)
Lab Section	Reference Lab