

INSTRUCTIONS FOR UDOT DATA ENTRY FORM

Instructions on how to use the UDOT Data Report Form

1. Download the UDOT Data Entry form from the Participant Portal at: <https://nbs.dynamics365portals.us/>
2. Go to UDOT Menu>UDOT INFORMATION
3. Save the form using a file name containing your laboratory code number (Example: 301_UDOT PT_2020)

LAB INFO TAB

Section I:

Enter your Laboratory Code Number, Primary Contact Name, and Contact Email

UDOT 2020	
Date Issued: August 4, 2020 Data Deadline: September 1, 2020	
Section I.	
THE FOLLOWING INFORMATION IS REQUIRED FOR ISSUANCE OF YOUR LABORATORY EVALUATION:	
LABORATORY CODE:	
PRIMARY CONTACT PERSON:	
EMAIL:	
COMMENTS/NOTES	

Section II:

Evaluated Analyte:

- Place an "X" next to the analytes you would like to be evaluated
- Leave the space blank for analytes your laboratory does not test

. Choose Analytes for which your laboratory would like evaluated by entering an (X) in the Evaluated Analyte column.
Enter the Method and Unit of Measure for those analytes in the columns provided.

Analyte Group	Analyte	Evaluated Analyte (Place X here to be evaluated for this analyte)	Method (Choose method from drop-down menu)	Unit of Measure (Verify Unit of Measure)	Cutoff Value (enter your cutoff value)	Comments
Endocrine and Other Analytes	T ₄			µg/dL serum		
	TSH			µIU/mL serum		
	17OHP			ng/mL serum		
	TGal			mg/dL blood		
	BIOT			see method		

Method:

- Using the drop-down menu, choose your laboratory's method for that analyte.
 - If you choose "other", type the method name into the comments section.

. Choose Analytes for which your laboratory would like evaluated by entering an (X) in the Evaluated Analyte column.
Enter the Method and Unit of Measure for those analytes in the columns provided.

Analyte Group	Analyte	Evaluated Analyte (Place X here to be evaluated for this analyte)	Method (Choose method from drop-down menu)	Unit of Measure (Verify Unit of Measure)	Cutoff Value (enter your cutoff value)	Comments
Endocrine and Other Analytes	T ₄			µg/dL serum		
	TSH			µIU/mL serum		
	17OHP			ng/mL serum		
	TGal			mg/dL blood		
	BIOT			see method		

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Unit of Measure:

- Verify the correct Unit of measure for the method you have chosen.
 - If the unit of measure is different, enter unit in comment section.

. Choose Analytes for which your laboratory would like evaluated by entering an (X) in the Evaluated Analyte column.
 . Enter the Method and Unit of Measure for those analytes in the columns provided.

Analyte Group	Analyte	Evaluated Analyte (Place X here to be evaluated for this analyte)	Method (Choose method from drop-down menu)	Unit of Measure (Verify Unit of Measure)	Cutoff Value (enter your cutoff value)	Comments
Endocrine and Other Analytes	T ₄			µg/dL serum		
	TSH			µIU/mL serum		
	17OHP			ng/mL serum		
	TGal			mg/dL blood		
	BIOT			see method		

Cutoff Value:

- Enter your laboratory's established cutoff
 - If there is no cutoff, leave this field blank

. Choose Analytes for which your laboratory would like evaluated by entering an (X) in the Evaluated Analyte column.
 . Enter the Method and Unit of Measure for those analytes in the columns provided.

Analyte Group	Analyte	Evaluated Analyte (Place X here to be evaluated for this analyte)	Method (Choose method from drop-down menu)	Unit of Measure (Verify Unit of Measure)	Cutoff Value (enter your cutoff value)	Comments
Endocrine and Other Analytes	T ₄			µg/dL serum		
	TSH			µIU/mL serum		
	17OHP			ng/mL serum		
	TGal			mg/dL blood		
	BIOT			see method		

RESULTS TAB

Using the grid, report only **ABNORMAL** results on the corresponding specimen number/analyte.

- Quantitative results – enter numerical results in the appropriate square
- Qualitative – enter and “A” for abnormal

	ENDOCRINE AND OTHER ANALYTES							AMINO ACIDS							
	T ₄	TSH	17OHP	TGal	BIOT	GALT	IRT	Arg	Cit	Leu	Met	Phe	SUAC	Tyr	Val
21901															
21902															
21903															

Submit completed form to NSQAPDMT@cdc.gov.

For questions, comments, and requests concerning this specimen set, send an email to NSQAPDMT@cdc.gov and include your laboratory code in the email subject line.

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ADDITIONAL INFORMATION:

The UDOT program covers the following analytes:

Hormones, Galactose, and Other analytes:

17 α -Hydroxyprogesterone (17OHP)	Thyroid Stimulating Hormone (TSH)
Biotinidase (BIOT)	Thyroxine (T ₄)
Galactose-1-phosphate Uridyltransferase (GALT)	Total Galactose (TGal)
Immunoreactive Trypsinogen (IRT)	

Amino Acids:

Arginine (Arg)	Phenylalanine (Phe)
Citrulline (Cit)	Succinylacetone (SUAC)
Leucine (Leu)	Tyrosine (Tyr)
Methionine (Met)	Valine (Val)

Acylcarnitines:

Low Free Carnitine (C0L)	Octanoylcarnitine (C8)
Propionylcarnitine (C3)	Decanoylcarnitine (C10)
Malonylcarnitine - derivatized (C3DC)	Decenoylcarnitine (C10:1)
C3DC+C4OH - non-derivatized	Decadienoylcarnitine (C10:2)
Butyrylcarnitine (C4)	Myristoylcarnitine (C14)
Hydroxybutyrylcarnitine – derivatized (C4OH)	Tetradecenoylcarnitine (C14:1)
Isovalerylcarnitine (C5)	Palmitoylcarnitine (C16)
Tiglylcarnitine (C5:1)	Hydroxypalmitoylcarnitine (C16OH)
Glutaryl carnitine (C5DC)	Stearoylcarnitine (C18)
Hydroxyisovalerylcarnitine (C5OH)	Oleoylecarnitine (C18:1)
Hexanoylcarnitine (C6)	Hydroxystearoylcarnitine (C18OH)

X-linked Adrenoleukodystrophy

24:0-Lysophosphatidylcholine
26:0-Lysophosphatidylcholine