Newborn Screening in Ibaraki Prefecture

In Ibaraki Prefecture, newborn babies undergo the newborn screening test in order to detect congenital disorders as early as possible. Children with these disorders lack types of enzymes that are necessary for mental and physical development due to abnormalities in the production of hormones. If left undetected and untreated, these disorders can result in mental and physical disabilities, and occasionally death.

Early detection and treatment can sometimes prevent the onset of these disorders, so we strongly encourage you to carefully read the information below and have your child tested.

【How can I apply for the test?】

Please fill out the Newborn Screening Test Application Form and submit it to the medical institution where your child was born.

【How does the test work, and when will I receive the result?】

When the baby is 4-6 days old (on the day of birth, the child is considered to be 0 days old), a very small amount of blood will be taken from the baby's heel at the medical institution where he or she was born and sent to a specialized screening facility. The test result will generally be sent to the medical institution where the blood sample was taken two weeks later. The medical institution will then relay the result to the baby's guardian(s).

【How much does it cost?】

The test is free. (If you give birth and take the test at a medical institution in Ibaraki Prefecture, the cost of the test will be borne by the prefecture). **However, you will be required to pay to have the blood sample taken at the medical institution.**

【What disorders does the newborn screening test for?】

Amino Acid Metabolic Disorders	phenylketonuria (PKU), maple syrup urine disease (MSUD), homocystinuria, type I citrullinemia, argininosuccinic aciduria
Organic Acid Metabolic Disorders	methylmalonic acidemia (MMA), propionic acidemia, isovaleric acidemia, methylcrotonylglycinuria, hydroxymethylglutaryl (HMG) acidemia, multiple carboxylase deficiency, glutaric acidemia type 1
Fatty Acid Metabolic Disorders	medium-chain acyl-CoA dehydrogenase (MCAD) deficiency, very-long-chain acyl-CoA dehydrogenase (VLCAD) deficiency mitochondrial trifunctional protein (TFP)/ long-chain 3-hydroxyacyl-CoA dehydrogenase (LCHAD) deficiency, Carnitine palmitoyltransferase I (CPT-1) deficiency
Carbohydrate Metabolic Disorders	Galactosemia
Endocrine Disorders	congenital adrenal hyperplasia, congenital hypothyroidism

Personal information and blood samples obtained for the purposes of the test will be kept for a period of three years, then disposed of in a way that prevents identification.

If you have any questions regarding this document, please contact your nearest prefectural health center, or the Ibaraki Prefectural Government Children and Family Division (PH: 029-301-3257 direct line, Japanese only).

Newborn Screening Test Application Form

Dear Governor of Ibaraki Prefecture and_____
(Name of Medical Institution)

I have read and understand the document 'Newborn Screening in Ibaraki Prefecture', and I consent to and am applying to have my （ male ・ female ） infant born on (year) (month) (day) undergo the newborn screening test.

(※In the case of twins, etc. of the same gender, please record their birth order after their gender)

Date (yyyy/mm/dd):

Name of Applicant

Relationship to infant

Name of infant's mother	
Address	〒
Phone Number	
Place where you will be staying after leaving hospital (if it differs from the aforementioned address)	