MEMORANDUM

DATE: August 19, 2026

TO: South Carolina Newborn Screening Community

FROM: Jenny Meredith, Ph.D., HCLD(ABB)
SC DPH Public Health Laboratory (PHL) Director

SUBJECT: South Carolina (SC) Newborn Screening (NBS) Program's Revised Reporting of Fast HGB variants

---

Effective August 25th, 2026, the SC Newborn Screening Laboratory is updating how Fast HGB variants are reported, as well as the threshold used for reflexing a specimen for additional hemoglobinopathy testing.

Fast HGB variants will now be reported as semi-quantitative values, expressed on the laboratory report as either **< 20%** or **≥ 20%**. The threshold used for reflexing a specimen for additional hemoglobinopathy testing is increasing from 15% to 20%. An example of how a Fast HGB variant will be displayed on the laboratory report is below.

INITIAL NEWBORN SCREEN - FINAL

Action Required: Please see Notes					
Screening Test	**Screening Results**	**Value**	**Expected Ranges**	**Units**	**Note**
Congenital Hypothyroidism					
TSH	Within Acceptable Limits		<20.00, <= 7 days old <10.50, > 7 days old	µIU/mL	
Congenital Adrenal Hyperplasia					
17-OHP	Within Acceptable Limits		<30, Present Wgt >= 2500g <76, Present Wgt <2500g	ng/mL	
Hemoglobinopathies	**Outside Acceptable Limits**	**FA+Fast HGB Variant < 20%**	**FA**		**1**

Notes
1: If a Fast HGB Variant is detected at >=20%, the specimen will be reflexed for additional hemoglobinopathy testing. If a Fast HGB Variant is detected at <20%, a consult with pediatric hematology is recommended.

This change is part of the SC NBS Program's commitment to continuous improvement. The SC NBS Program monitors test results and determines if adjustments are needed based on population studies.

Please direct any questions to Beth Bair, M.S., Ph.D., Newborn Screening Section Director at bairea@dph.sc.gov; 803-896-0991.