

Newborn Screening: Filling out the Form



The Oklahoma State Department of Health Newborn Screening Program has updated the newborn screening filter paper kit. The purpose of this presentation is to review the new filter paper kit and discuss the information that needs to be collected with every specimen.

Filling out the Form

Specimen testing will be delayed if the form is incomplete!

The filter paper kit number or serial number is a unique identifier for each filter paper.

Oklahoma Newborn Screening (NBS) Form
To order forms, call the OSDH NBS Program (505) 271-8330

DO NOT WRITE HERE

1899064

1899064

CHART COPY
DETACH AND PLACE IN MEDICAL RECORD

DETACH AND GIVE TO PARENT OR GUARDIAN

DETACH AND GIVE TO PARENT OR GUARDIAN



Before we review how to fill out the form, we are going to review each component of the filter paper kit. The top, white page, is the filter paper form or test requisition. Please note, the serial number is on the top left hand corner of the form. This is a unique identifier for each filter paper and is printed on each part of the filter paper kit.

Filling out the Form

Specimen testing will be delayed if the form is incomplete!

The yellow copy belongs with the baby's medical record.

1899064 Oklahoma Newborn Screening (NBS) Form
To order forms, call the ODH NBS Program 800-271-8332

DO NOT WRITE HERE

Parental Information: First Name, Last Name, Address, City, State, Zip, Telephone #, Alternate Telephone #, Mother's Date of Birth, Mother's Medical ID #, Mother's Last # of Birth, Physician Ordering NBS (Last, First), Provider ID #, Primary Care/Follow-up Physician (Last, First), Provider ID #

Baby's Information: Last Name, First Name, Sex (Male/Female), Race (White/Black/Hispanic/Asian/American Indian/Other), Ethnicity (Hispanic/Latino/Other), Birth Date, Time (24 hr Clock), Collection Date, Time (24 hr Clock), Medical Record #, Sex, Age, Birth Sex, Multiple Birth Order, A/B, Family Structure (Stepfather/Stepmother/Adoptive/Other)

Medical History: Hearing Status (Screened/Not Screened), Hearing Loss Status (Screened and Not Applicable/Not Screened/Reason: Delayed/Unchanged/No Response/Refused), Family History (In Utero Infection/Conjunctival Anomolies/ECMO/Egg Hypertension/AND Exchange Transfusion/INCD)

Screening Method: GSH GMS

Submitter's Information: Submitting Facility/Provider's ID #, Submitter's Name/Address

CHART COPY
DETACH AND PLACE IN MEDICAL RECORD

DETACH AND GIVE TO PARENT OR GUARDIAN

DETACH AND GIVE TO PARENT OR GUARDIAN



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The second page, the yellow page, is a copy of the form. The yellow page should be detached and placed in the baby's medical record

Filling out the Form

Specimen testing will be delayed if the form is incomplete!

The blue and pink pages provide information for the parents on the newborn screening blood and hearing tests. These should be removed and provided to parents.

The image shows a form titled "OKLAHOMA NEWBORN SCREENING PROGRAM" from the Oklahoma State Department of Health. The form includes a header with the program name and a form number "SN 1899064". Below the header is a section for "Parent/Guardian Information Sheet" with fields for "Baby's Last Name" and "Baby's First Name". The form contains several informational sections: "Newborn screening blood tests" which explains that every baby born in Oklahoma is required to have blood tests performed during the first week of life; "Importance of newborn screening" which states that a baby with one of the conditions in the newborn screening test panel may appear healthy at birth; and "How will I get the test results for my baby?" which instructs parents to take the form to their baby's first well child visit. On the right side of the form, there are icons for a footprint and an ear, and a vertical pink bar with the text "DETACH AND GIVE TO PARENT OR GUARDIAN".



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The third page, the blue page, provides information for the parents about the newborn screening test. The 4th page, the pink page, provides information for the parents about the newborn hearing screening. The blue and the pink pages should be removed and provided to the parents prior to discharge.

Filling out the Form

Specimen testing will be delayed if the form is incomplete!

Instructions for Collecting Blood Spot Specimens
 Note: Do NOT handle blood collection area of Newborn Screening Form before, during, or following sampling.
 Collect blood sample from center or inner border of heel

CORRECT/ACCEPTABLE

- One red and every second
- YES/NO: UNACCEPTABLE
- Multiple applications/bleeding
- Multiple applications/insufficient samples
- Specimen flag present

ONE DROP ONE CIRCLE ONE TIME

1. Rubster infant's foot lower than rest of body to increase blood flow.
2. Clean heel with 70% isopropyl alcohol and allow to air-dry.
3. Clean infant's heel with 70% isopropyl alcohol and allow to air-dry.
4. Wipe heel with gauze swab.
5. Allow a large drop of blood to accumulate then wipe away with sterile gauze.
6. Allow a second large drop of blood to accumulate.
7. Allow a second large drop of blood to accumulate.
8. Do NOT layer successive drops of blood.
9. Do NOT layer successive drops of blood.
10. Rubbed procedure for each circle. They all count.
11. Allow blood spots to air-dry at room temperature for 3-4 hours.
12. When completely dry, fold protective flap over blood spots.
13. Do not use the same envelope for transport to testing laboratory.

Important: Do NOT Touch the section with the preprinted circles, other than spot for initials and unit information. Touching the filter paper could result in contamination and impact screen results.



The 5th page has two parts, the white part with the 5 circles, is the filter paper where the specimen is collected. It is important to not touch the filter paper as this could contaminate the specimen and impact the screen results. The manila portion provides the instructions for collecting the specimen.

Filling out the Form

Specimen testing will be delayed if the form is incomplete!

INSTRUCTIONS FOR COMPLETION OF HEARING SCREEN SECTION OF NBS FORM

Important: The hearing screen must be completed before the blood specimen is sent to the laboratory. No more than 2 quality screening attempts should be performed. If the hearing screen will be delayed, DO NOT delay sending the blood specimen. ALL BLOOD SPECIMENS MUST BE SENT TO THE LABORATORY ON THE DAY OF COLLECTION.

Hearing Screen

- Screen the infant's hearing using the available technology.
- Indicate on the right side of the NBS Form under "Hearing Screen".
- Provide date of First Screen.
- Note: Hospital staff should only provide the final hearing screening results. If a second screen is required, the parent must be notified. Do not indicate "no" or "not done" on the NBS Form. Indicate "no" or "not done" only if the parent provides a hearing screening result that is not a "Pass", "Refer", or "Retest".
- Note: Ensure only one result is selected per ear. Do not indicate "no" or "not done" on the NBS Form. Indicate "no" or "not done" only if the parent provides a hearing screening result that is not a "Pass", "Refer", or "Retest".

Reason Not Screened

- Indicate if a screen was attempted and failed. Indicate the reason by selecting the appropriate box in the "I tried screening, reason" section.
- Indicate if a hearing screen cannot be completed before the blood specimen is sent and the parent provides a reason for the hearing screen not being completed.
- Indicate if a hearing screen was attempted but failed. Indicate the reason by selecting the appropriate box in the "I tried screening, reason" section.
- Indicate if a hearing screen was attempted but failed. Indicate the reason by selecting the appropriate box in the "I tried screening, reason" section.
- Indicate if a hearing screen was attempted but failed. Indicate the reason by selecting the appropriate box in the "I tried screening, reason" section.

Note: If a hearing screen cannot be completed before the blood specimen is sent and the parent provides a reason for the hearing screen not being completed, the hearing screen section of the form should be completed. If a hearing screen is attempted but fails, the hearing screen section of the form should be completed. If a hearing screen is attempted but fails, the hearing screen section of the form should be completed.

- Check and return the Chart Copy (yellow label) and Hearing Screening PowerCard/Parent/Guardian copy.
- Ensure there are no marks in the "Screen Method" box.
- Submit the NBS Form and blood specimen for testing.

Parent/Guardian Information

- Print the Hearing Risk Status section by selecting all that apply. (I know, I don't know)
- Print the Hearing Risk Status section by selecting all that apply. (I know, I don't know)
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- Print the Hearing Risk Status section by selecting all that apply. (I know, I don't know)

Note: This may require reviewing the parent's chart or asking about family history.

Additional Information:

- Print the Hearing Risk Status section by selecting all that apply. (I know, I don't know)
- Print the Hearing Risk Status section by selecting all that apply. (I know, I don't know)
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- Print the Hearing Risk Status section by selecting all that apply. (I know, I don't know)
- Print the Hearing Risk Status section by selecting all that apply. (I know, I don't know)

Parent Education:

- Print the Hearing Risk Status section by selecting all that apply. (I know, I don't know)
- Print the Hearing Risk Status section by selecting all that apply. (I know, I don't know)
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- Print the Hearing Risk Status section by selecting all that apply. (I know, I don't know)
- Print the Hearing Risk Status section by selecting all that apply. (I know, I don't know)

The front of the last page of the filter paper kit, provides instructions on how to complete the hearing screen portion of the newborn screen form.

Filling out the Form


Specimen testing will be delayed if the form is incomplete!

DO NOT REMOVE THIS COVER FLAP


OPEN this flap to uncover the circles for blood collection. **DO NOT** touch circles.

OPEN this flap while blood spots are drying.

- Air-dry blood spots at room temperature for 3-4 hours.
- Flap can be used to support filter paper horizontally while drying.



Close this flap over blood spots when completely dry.



SEND SPECIMENS WITHIN 24 HOURS OF COLLECTION

Use OSDH Courier Service or mail via USPS to:

Newborn Screening
Oklahoma State Dept. Health
Public Health Laboratory
P.O. Box 24106
Oklahoma City
OK 73124-0106

INQUIRIES

NBS Public Health Lab:
(405) 271-5070

NBS Follow-up:
(405) 271-4817 or
(800) 766-2223

ORDERING NBS FORMS

Call (405) 271-5070
<http://phi.health.ok.gov>

STORAGE

Store NBS forms vertically in a clean, dry area, away from direct sunlight before and after sample collection.

INSTRUCTIONS FOR COMPLETION OF NBS FORM

Print legibly using a ballpoint pen. Do not use ink. Do not use red ink. Do not use a computer. Do not use a typewriter. Do not use a dot matrix printer. Do not use a laser printer. Do not use a thermal printer. Do not use a thermal transfer printer. Do not use a thermal receipt printer. Do not use a thermal label printer. Do not use a thermal barcode printer. Do not use a thermal receipt printer. Do not use a thermal label printer. Do not use a thermal barcode printer.

Complete form, even if specimen is not collected.

Top-left Portion of Form

Repeat newborn screen. Provide previous NBS ID #, if known. If transferred to another hospital, provide Date Transferred and Receiving Hospital.

Baby's Information (as entered on birth certificate, as applicable)

Provide infant's Last Name and First Name(s).

Provide Birth Date and Time of Birth (M to 11:59 AM or 12:00 AM to 11:59 PM or 2:00 AM to 11:59 PM).

Provide Date and Time of Collection of specimen (use 24 hour clock).

Note: Specimens should be collected as early as possible after 24 hour of birth, prior to blood collection.

Indicate Sex of infant.

Indicate Race of infant, by selecting all that apply.

Provide Gestational Age (in weeks) of infant at time of birth.

Provide Birthweight (in grams) of infant.

If multiple birth, provide birth order for infant, using A (1st) through H (8th).

Mother's Information

Provide Mother's/Guardian's Last Name and First Name.

Note: If infant is to be adopted, document the name of the agency or law firm handling adoption, and provide date of adoption.

Provide full address of Mother's/Guardian.

Provide Mother's Date of Birth, Medicaid ID# and Last 4 Digits of Net Social Security #.

Provider's Information

Provide Name and Address of NBS Provider. DO NOT provide DOB of provider to whom you are sending this screen. Refer to OSDH NBS Provider ID list for full list of providers.

Provide Last Name and First Name and NBS Provider ID# of physician who will be responsible for follow-up and provide telephone number. If infant will be hospitalized for an extended period of time then provide name of attending physician.

Submitter's Information

Provide Submitting Facility's or Provider's NBS ID #, Name and Address (e.g., Lutting Hospital).

Medical/Feeding History

If infant has been transfused, provide Date and Time of Transfusion.

Indicate feeding method (e.g., Breast, Formula, SOB).

Indicate feeding and medical history, as appropriate.

Pulse Oximetry/CHD Screen

Indicate pulse oximetry result as appropriate.

Note: If pulse oximetry was not performed, mark "Not Performed." If echo is performed in less of screening, mark "Echo."

Hearing Screen

See Hearing Screen instructions section of this form.



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The back of the filter paper kit also provides instructions on how to complete the remainder of the form, where to send specimens, how to order forms, and how to store the unused filter paper kits. Finally, the flap is used to support the filter paper while drying and then cover the blood spots once dry to help protect them during transport.

Filling out the Form

Specimen testing will be delayed if the form is incomplete!

- **Check expiration date**

- If the filter paper is expired, discard the paper, and check the stock of filter paper kits and discard all expired kits.
- Collect the specimen on a kit that is not expired.



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Check the expiration date before filling out the form or collecting the specimen. There are two places that the expiration date can be checked. The first is on the front of the kit on the top left hand corner. The second place is on the filter paper portion below the 5 pre-printed circles. If the filter paper has expired, discard the kit, check your stock of filter paper kits to ensure that ALL of the expired kits are discarded. Collect the specimen on a kit that is not expired. Testing will not be completed on specimens that are collected on an expired kit, delaying screening for the baby. Now we will move on to explain how to correctly complete the filter paper form.

Filling out the Form: Specimen Information

Specimen testing will be delayed if the form is incomplete!



- If this is the first specimen collected for the baby, check the “First Screen” box.
- If baby has had a previous screen, check the “Repeat Screen” box.
 - List the previous OSDH Lab Number, if applicable.



SN XXXXXXXX

Oklahoma Newborn Screening (NBS)
To order forms, call the OSDH NBS Program (405)

First Screen Repeat Screen Previous NBS Lab#

Not Screened Due To Refused Expired ___/___/___

Transferred ___/___/___ to ___/___/___

Tests Requested All Tests HGB Only GALT Phe Monitor CFTR

BABY'S INFORMATION



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Please note that specimen testing will be delayed if the form is not filled out completely. This PowerPoint will cover each section of the form and review the requested information. The first section on the form is specimen information. If this is baby's initial screen, meaning no screens have previously been collected, check the first screen box. If baby has had a previous screen collected check the repeat screen box and enter the previous OSDH newborn screening lab number if known. You can also enter the filter paper serial number in this section, if the lab number is not available.

Filling out the Form: Specimen Information

Specimen testing will be delayed if the form is incomplete!



- Check the “Refused” box if parents refuse the NBS
 - Provide parents with NBS brochure & answer any questions they might have about the screen.
 - Ensure the parents fill out a Refusal Form; keep a copy for baby’s record and fax a copy to the NBS Program using fax # 405-271-4892



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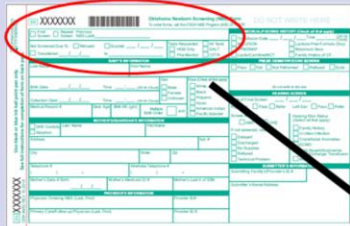
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If the baby is not screened due to refusal, please check the refused box and complete all demographic information. Provide parents with the newborn screening brochure and answer any questions they may have. Ensure that parents fill out the refusal form, the refusal form can be found on the Newborn Screening website. Keep a copy of the refusal form for the baby’s medical record and fax a copy to the NBS Program at fax # 405-271-4892.

Filling out the Form: Specimen Information

Specimen testing will be delayed if the form is incomplete!



- If baby expires before a screen can be collected:
 - Check the “Expired” box
 - Enter the date that baby passed away
 - Submit the filter paper form to the OSDH PHL



SN: XXXXXXXX		Oklahoma Newborn Screening (NBS) To order forms, call the OSDH NBS Program (405)	
<input type="checkbox"/> First Screen	<input type="checkbox"/> Repeat Screen	Previous NBS Lab#	
Not Screened Due To		<input type="checkbox"/> Refused	<input type="checkbox"/> Expired ___/___/___
<input type="checkbox"/> Transferred ___/___/___ to		Tests Requested	
		<input type="checkbox"/> HGB Only	<input type="checkbox"/> All Tests
		<input type="checkbox"/> Phe Monitor	<input type="checkbox"/> GALT
			<input type="checkbox"/> CFTR



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If the baby is not screened because he/she expired before the specimen could be collected, check the expired box and enter the date baby passed away. Complete the section for mom and baby's demographic information and send the completed form to the NBS PHL.

Filling out the Form: Specimen Information

Specimen testing will be delayed if the form is incomplete!



- If baby is transferred prior to specimen collection:
 - Check the "Transferred " box
 - Enter the date that baby transferred and the facility that baby was transferred to
 - It is the responsibility of the receiving facility to collect the newborn screen



SN XXXXXX

Oklahoma Newborn Screening (NBS)
To order forms, call the OSDH NBS Program (405)

First Screen Repeat Screen Previous NBS Lab#

Not Screened Due To: Refused Expired

Transferred / / to

Tests Requested: HGB Only All Tests
 Phe Monitor GALT CFTR



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If the baby is transferred to another facility before the screen can be collected, check the transferred box, and enter the date baby was transferred and the facility the baby was transferred to. Complete mom and baby's demographic information and send the completed form to the NBS PHL.

Filling out the Form: Specimen Information

Specimen testing will be delayed if the form is incomplete!

- Tests Requested: Check all that apply
- All Tests- always check unless test is for HGB Only or Phe Monitor. This ensures the lab screens for all disorders on the NBS panel.
- HGB Only- Check if repeat screen is for follow-up of initial abnormal HGB result.

- GALT- Check GALT in addition to All Tests if there is a family history of galactosemia or if baby is on lactose-free (soy) formula at time screen is collected.
- Phe Monitor- Check only if baby has been diagnosed with PKU (typically metabolic specialists only)
- CFTR- Check in addition to All Tests if baby has clinical concerns for CF, meconium ileus, and/or family history of CF.

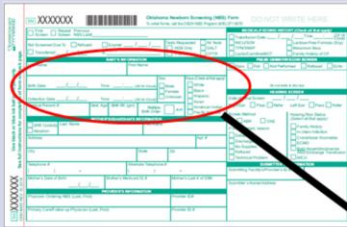
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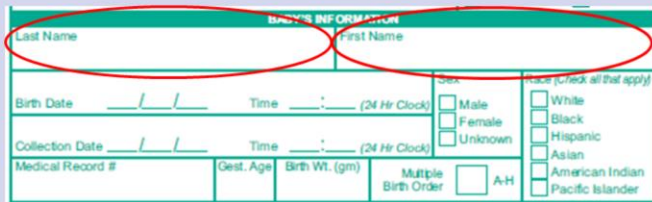
In the tests requested section, all tests should always be checked, unless the test is for a hemoglobin only screen or a phe monitor. Hemoglobin only screens are done when the initial screen is out of range for a hemoglobin trait. At about 4 months of age, the NBS program will request a hemoglobin only screen to confirm baby's trait status. Phe monitors are only collected for baby's who have been diagnosed with PKU and are typically only collected by a metabolic specialty clinic. GALT should be checked, along with ALL Tests, if there is a family history of galactosemia or if baby is on lactose free or soy formula at the time of collection. CFTR should be checked, along with ALL Tests, if there are clinical concerns for cystic fibrosis, baby has a meconium ileus, and/or there is a family history of cystic fibrosis.

Filling out the Form: Infant's Information

Specimen testing will be delayed if the form is incomplete!



- Baby's first & last name
 - If baby's first name is unknown, "BG" or "Female", "BB" or "Male" may be used.



Infant's Information	
Last Name	First Name
Birth Date ____/____/____	Time ____:____ (24 Hr Clock)
Collection Date ____/____/____	Time ____:____ (24 Hr Clock)
Medical Record #	Gest. Age Birth Wt. (gm)
Multiple Birth Order	A-H
Sex	Race (check all that apply)
<input type="checkbox"/> Male	<input type="checkbox"/> White
<input type="checkbox"/> Female	<input type="checkbox"/> Black
<input type="checkbox"/> Unknown	<input type="checkbox"/> Hispanic
	<input type="checkbox"/> Asian
	<input type="checkbox"/> American Indian
	<input type="checkbox"/> Pacific Islander



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This section will cover the baby's demographic information. Include first and last name. If possible, please use the baby's name that is entered on the birth certificate. If baby's first name is unknown you may enter the sex of the baby, such as BG or female for girls and BB or male for boys.

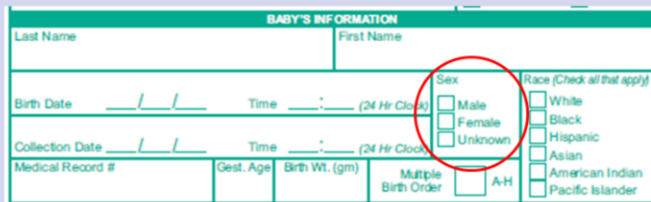
Filling out the Form: Infant's Information

Specimen testing will be delayed if the form is incomplete!



A thumbnail image of the Oklahoma Newborn Screening (NBS) Form. A red circle highlights the 'Sex' field in the 'BABY'S INFORMATION' section. An arrow points from this circle to a larger, detailed view of the same section on the right.

- Sex/Gender
 - Check "Male", "Female", or "Unknown"



A detailed view of the 'BABY'S INFORMATION' section of the NBS form. The 'Sex' field is circled in red. The form includes fields for Last Name, First Name, Birth Date, Time (24 Hr Clock), Collection Date, Time (24 Hr Clock), Medical Record #, Gest. Age, Birth Wt. (gm), Multiple Birth Order, and Race (Check all that apply). The Race options are White, Black, Hispanic, Asian, American Indian, and Pacific Islander.



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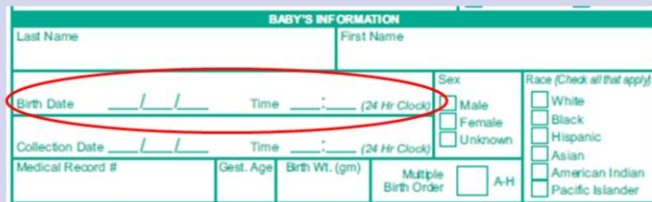
Enter the sex of the baby- male, female, or unknown if you are not able to accurately identify the sex of the baby

Filling out the Form: Infant's Information

Specimen testing will be delayed if the form is incomplete!



- Date & Time of birth
 - Enter the time using the 24 hour clock. For example 1PM would be entered as 13:00.



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Enter the date and time of the baby's birth. When entering the time use the 24 hour clock or military time. For example 1pm would be entered as 1300.

Filling out the Form: Infant's Information

Specimen testing will be delayed if the form is incomplete!

- Date & Time of specimen collection
 - Ideal time for well, term newborn:
24 hours + 1 minute of age
 - Enter the time using the 24 hour clock. For example 1PM would be entered as 13:00.

BABY'S INFORMATION	
Last Name	First Name
Birth Date	Time (24 Hr Clock)
Collection Date	Time (24 Hr Clock)
Sex	Race (Check all that apply)
Multiple Birth Order	A-H



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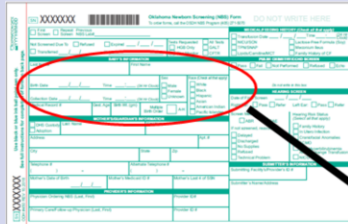
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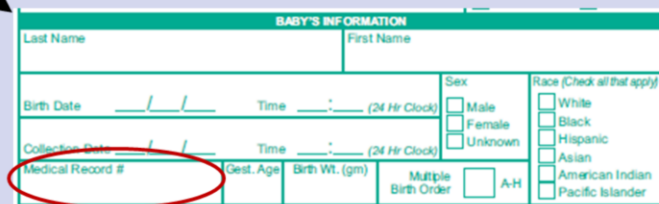
Next enter the date and time the specimen is collected. Ideally for healthy full term newborns the screen will be collected at 24 hours plus 1 minute of age. Please ensure when the time of collection is entered the 24 hour clock or military time is utilized. For example 1pm would be entered as 1300.

Filling out the Form: Infant's Information

Specimen testing will be delayed if the form is incomplete!



- Medical record number
 - Baby's medical record number



BABY'S INFORMATION	
Last Name	First Name
Birth Date ____/____/____	Time ____:____ (24 Hr Clock)
Collection Date ____/____/____	Time ____:____ (24 Hr Clock)
Medical Record #	Gest. Age Birth Wt. (gm)
Sex <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	Multiple Birth Order <input type="checkbox"/> A-H
Race (Check all that apply) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Pacific Islander	



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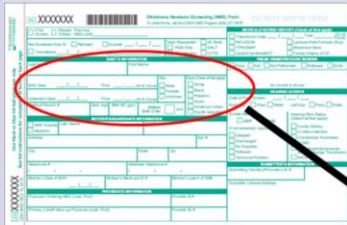
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Please enter baby's medical record number in this box. This number may need to be used if baby has an abnormal screen and the nbs follow up team needs to call the hospital for additional information.

Filling out the Form: Infant's Information

Specimen testing will be delayed if the form is incomplete!



- Gestational Age
 - List gestational age at birth.
 - Lab cut off values for abnormal severe combined immunodeficiency (SCID) results are gestational age dependent.



BABY'S INFORMATION			
Last Name		First Name	
Birth Date	Time	Sex	Race (Check all that apply)
____/____/____	____:____ (24 Hr Clock)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Pacific Islander
Collection Date	Time	Gest. Age	Birth Wt. (gm)
____/____/____	____:____ (24 Hr Clock)	____	____
Medical Record #		Multiple Birth Order	A-H
____		<input type="checkbox"/>	<input type="checkbox"/>



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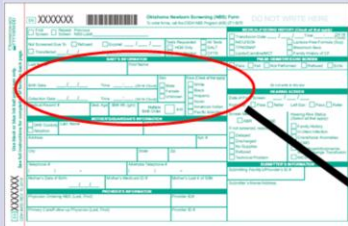
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List the baby's gestational age at birth. This is important because lab cut offs for abnormal severe combined immunodeficiency (SCID) results are gestational age dependent.

Filling out the Form: Infant's Information

Specimen testing will be delayed if the form is incomplete!



- Birthweight (in grams)
 - Lab cut off values for abnormal congenital adrenal hyperplasia (CAH) results are dependent on birth weight.

BABY'S INFORMATION					
Last Name		First Name			
Birth Date	Time	(24 Hr Clock)	Sex	Race (Check all that apply)	
Collection Date	Time	(24 Hr Clock)	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Unknown	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Pacific Islander	
Medical Record #	Gest. Age	Birth Wt. (gm)	Multiple Birth Order	A-H	



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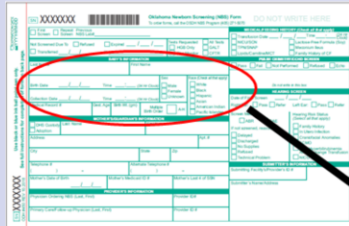
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Slide 20: Enter the baby's birth weight in grams. Lab cut offs for abnormal congenital adrenal hyperplasia (CAH) results are dependent on baby's birth weight.

Filling out the Form: Infant's Information

Specimen testing will be delayed if the form is incomplete!



- Birth order (if multiple birth is present)
 - Indicate "A", "B", "C", etc. if baby is of multiple birth (twin, triplet, etc.).
 - Do NOT mark anything in this space if baby is a single birth.

BABY'S INFORMATION					
Last Name		First Name			
Birth Date	Time	Sex	Race (Check all that apply)		
Collection Date	Time	Multiple Birth Order	A-H		
Medical Record #	Gest. Age	Birth Wt. (gm)			



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If baby is of a multiple birth, such as a twin or a triplet, enter the baby's birth order. For example if baby is the first twin born, enter an A here. If baby is a single birth this space should be left blank.

Filling out the Form: Mom's Information

Specimen testing will be delayed if the form is incomplete!

- DHS Custody or Adoption

MOTHER'S/GUARDIAN'S INFORMATION		
<input type="checkbox"/> DHS Custody <input type="checkbox"/> Adoption	Last Name	First Name
Address		Apt. #
City	State	Zip
Telephone # () -	Alternate Telephone # () -	
Mother's Date of Birth / /	Mother's Medicaid ID #	Mother's Last 4 of SSN

Note: If baby is adopted, be sure to check the Adoption box on the filter paper form and enter the agency/law firm information in this section. If DHS is involved, enter case worker information in this section and check the DHS Custody box.



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The next section of the form is mom's or guardians demographic information. Please note that if baby is adopted, you will check the box for adoption and then enter the adoption agency or law firm information in this section. If baby is in DHS Custody, mark the DHS custody box and enter the DHS case worker information in this section.

Filling out the Form: Mom's Information

Specimen testing will be delayed if the form is incomplete!

- Mom's first and last name

Note: If baby is adopted, be sure to check the Adoption box on the filter paper form and enter the agency/law firm information in this section. If DHS is involved, enter case worker information in this section and check the DHS Custody box.



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If adoption and/or DHS custody do not apply, please complete this section with birth mom's demographic information including mom's first and last name.

Filling out the Form: Mom's Information

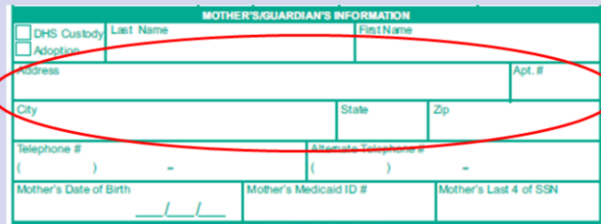
Specimen testing will be delayed if the form is incomplete!



A screenshot of the Newborn Screening Form. A red circle highlights the 'MOTHER'S/GUARDIAN'S INFORMATION' section. An arrow points from this section to a larger, detailed view of the same section on the right.

- Mom's mailing address:
 - Street, Apt # (if applicable), City, State, Zip

Note: If baby is adopted, be sure to check the **Adoption** box on the filter paper and enter the agency/law firm information in this section. If **DHS** is involved, enter case worker information in this section and check the **DHS Custody** box.



A detailed view of the 'MOTHER'S/GUARDIAN'S INFORMATION' section of the form. A red circle highlights the address fields: 'Address', 'Apt. #', 'City', 'State', and 'Zip'. Below these are fields for 'Telephone #' and 'Alternate Telephone #', and 'Mother's Date of Birth', 'Mother's Medicaid ID #', and 'Mother's Last 4 of SSN'.



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Enter mom's mailing address including full street address with apartment number, if applicable, city, state, and zip code. This is very important if parents need to be contacted for follow up of abnormal screen results.

Filling out the Form: Mom's Information

Specimen testing will be delayed if the form is incomplete!



- Mom's telephone number:
 - Extremely important to include in case newborn screen results are abnormal and require follow-up.

Note: If baby is adopted, be sure to check the **Adoption** box on the filter paper and enter the agency/law firm information in this section. If **DHS** is involved, enter case worker information in this section and check the **DHS Custody** box.

MOTHER'S/GUARDIAN'S INFORMATION			
<input type="checkbox"/> DHS Custody	Last Name	First Name	
<input type="checkbox"/> Adoption	Address		Apt. #
City		State	Zip
Telephone #		Alternate Telephone #	
Mother's Date of birth	Mother's Medicaid ID #	Mother's Last 4 of SSN	



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An accurate telephone number for mom is also very important if mom needs to be contacted for follow up related to abnormal screen results. There is also now a spot for an alternative phone number, if one is available.

Filling out the Form: Provider's Information

Specimen testing will be delayed if the form is incomplete!



- Physician Ordering the NBS:
 - Include first and last name
 - Enter the NBS Provider ID #, if known



PROVIDER'S INFORMATION	
Physician Ordering NBS (Last, First)	Provider ID#
Primary Care/Follow-up Physician (Last, First)	Provider ID #



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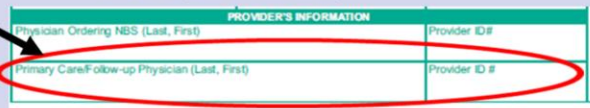
You will notice on the new form, we are requesting the information for the physician ordering the newborn screen in the hospital. This includes, last name, first name, and newborn screen provider ID.

Filling out the Form: Provider's Information

Specimen testing will be delayed if the form is incomplete!



- Primary Care/Follow-up Physician:
 - Planned health care provider upon discharge from birthing facility
 - Include first and last name
 - Enter the NBS Provider ID #, if known
 - **Extremely important** that this is correct in case newborn screen results are abnormal and require follow up.



PROVIDER'S INFORMATION	
Physician Ordering NBS (Last, First)	Provider ID#
Primary Care/Follow-up Physician (Last, First)	Provider ID #



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We are also requesting the information for the follow up or primary care provider. This is the provider that will be seeing the baby outside of the birthing facility. Please include last name, first name, and provider ID. If the nbs provider ID is not known, please enter the phone number for the provider. It is extremely important that this information is correct in case the newborn screen results are abnormal and follow up is required. The NBS program will contact the follow up PCP to initiate follow up activities.

Filling out the Form: Medical/Feeding History

Specimen testing will be delayed if the form is incomplete!

- Check all that apply for baby at the time of specimen collection
 - If transfused enter the date and time of transfusion
 - NICU/Special Care Nursery
 - TPN/SNAP
 - Lipids/Carnitine/MCT
 - Lactose-Free (Soy) Formula
 - Meconium Ileus
 - Family History of Cystic Fibrosis (CF)

MEDICAL/FEEDING HISTORY (Check all that apply)

<input type="checkbox"/> Transfusion Date ___ / ___ / ___ Time ___:___ (24 hr Clock)	<input type="checkbox"/> Lactose-Free Formula (Soy)
<input type="checkbox"/> NICU/SCN	<input type="checkbox"/> Meconium Ileus
<input type="checkbox"/> TPN/SNAP	<input type="checkbox"/> Family History of CF
<input type="checkbox"/> Lipids/Carnitine/MCT	



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The top right section of the form is for baby's medical/feeding history. All of these variables can impact the screen results and/or follow up. Please check all that apply for the baby at the time of specimen collection. If baby has been transfused, please enter the date and time of the transfusion using the 24 hour clock or military time.

Filling out the Form: Pulse Oximetry (CCHD) Screen

Specimen testing will be delayed if the form is incomplete!



- Pulse Oximetry Screen: Check Only ONE
 - Pass
 - Fail
 - Not Performed
 - Refused
 - Echo

Note: If parents refuse the pulse oximetry screen, provide them with a pulse oximetry brochure and answer any questions they might have about the screen. Ensure the parents fill out a Refusal Form; keep a copy for baby's record & fax a copy to the NBS Program using fax # 405-271-4892.



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For pulse oximetry or CCHD screening results, only one box should be checked- choose either pass, fail, not performed, refused, or echo. If parents refuse the pulse oximetry screen, please provide them with the pulse oximetry brochure and answer any questions they might have. The parents must sign the refusal form. A copy of the refusal form should be kept for the baby's medical record and a copy should be faxed to the NBS program at 405-271-4892.

Filling out the Form: Hearing Screen

Specimen testing will be delayed if the form is incomplete!

- Provide Date of Final Screen.
 - Note: Hospitals should only provide the final hearing screening results. If a second screen is required, report ONLY the second/final screen results.



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When filling out the Hearing Screening section, provide the Date of the Final Screen. For most babies, they will pass the initial screening. However, if a second screen is required, report ONLY the second/final screen results.

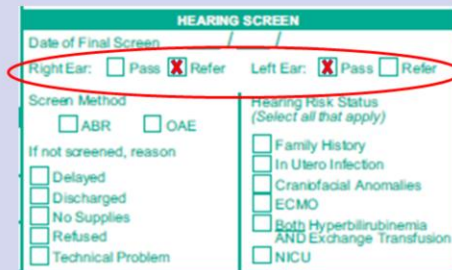
Filling out the Form: Hearing Screen

Specimen testing will be delayed if the form is incomplete!



- Indicate Right Ear and Left Ear results utilizing “x”.
 - Pass
 - Refer (Not Passed)

Note: Case Management actions will be generated based on the results provided. Be sure to double check that results have been transferred over accurately as not to delay patient care.



HEARING SCREEN	
Date of Final Screen	
Right Ear:	<input type="checkbox"/> Pass <input checked="" type="checkbox"/> Refer
Left Ear:	<input checked="" type="checkbox"/> Pass <input type="checkbox"/> Refer
Screen Method	Hearing Risk Status (Select all that apply)
<input type="checkbox"/> ABR <input type="checkbox"/> OAE	<input type="checkbox"/> Family History
If not screened, reason	<input type="checkbox"/> In Utero Infection
<input type="checkbox"/> Delayed	<input type="checkbox"/> Craniofacial Anomalies
<input type="checkbox"/> Discharged	<input type="checkbox"/> ECMO
<input type="checkbox"/> No Supplies	<input type="checkbox"/> Both Hyperbilirubinemia AND Exchange Transfusion
<input type="checkbox"/> Refused	<input type="checkbox"/> NICU
<input type="checkbox"/> Technical Problem	



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After completing the hearing screening, the equipment will indicate Pass or Refer for each individual ear. Document Right Ear and Left Ear results utilizing an “x.” Make sure you enter the correct results for the each ear and ensure only one result is selected per ear, as a child can NOT both pass and refer a screening. NEVER combine the results of the first and second screening on the form. Combining results could miss a Unilateral, single sided, hearing loss which could greatly impact a child’s life outcomes.

Filling out the Form: Hearing Screen

Specimen testing will be delayed if the form is incomplete!

- Indicate Screen Method used.
 - At this time, all Oklahoma birthing hospitals are using Automated Auditory Brainstem Response (ABR).

HEARING SCREEN	
Date of Final Screen / /	
Right Ear: <input type="checkbox"/> Pass <input type="checkbox"/> Refer	Left Ear: <input type="checkbox"/> Pass <input type="checkbox"/> Refer
Screen Method	
<input checked="" type="checkbox"/> ABR	<input type="checkbox"/> OAE
If not screened, reason	
<input type="checkbox"/> Delayed	<input type="checkbox"/> Family History
<input type="checkbox"/> Discharged	<input type="checkbox"/> In Utero Infection
<input type="checkbox"/> No Supplies	<input type="checkbox"/> Craniofacial Anomalies
<input type="checkbox"/> Refused	<input type="checkbox"/> ECMO
<input type="checkbox"/> Technical Problem	<input type="checkbox"/> Both Hyperbilirubinemia AND Exchange Transfusion
	<input type="checkbox"/> NICU



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Be sure to indicate the screen method on the filter paper. Currently all Oklahoma hospitals utilize Automated Auditory Brainstem Response – also known as ABR.

Since some children will have a delayed screening, such as those in the NICU, do not prefill screen method. Only mark the method if a screening HAS been completed.

Filling out the Form: Hearing Screen

Specimen testing will be delayed if the form is incomplete!



Hearing Risk Status Check ALL that Apply

- **Family History** - blood relatives of the infant have a permanent hearing loss that began in early childhood

- **In Utero Infection** - if infant exposed to CMV, herpes, rubella, syphilis, toxoplasmosis, Zika, etc.
- **Craniofacial Anomalies** - if infant displays pinna/ear canal malformations (microtia, atresia, ear dysplasia), cleft palate, microcephaly, hydrocephalus, etc.



HEARING SCREEN	
Date of Final Screen	___/___/___
Right Ear:	<input type="checkbox"/> Pass <input type="checkbox"/> Refer
Left Ear:	<input type="checkbox"/> Pass <input type="checkbox"/> Refer
Screen Method	<input type="checkbox"/> ABR <input type="checkbox"/> OAE
If not screened, reason	<input type="checkbox"/> Delayed <input type="checkbox"/> Discharged <input type="checkbox"/> No Supplies <input type="checkbox"/> Refused <input type="checkbox"/> Technical Problem
Hearing Risk Status (Select all that apply)	<input checked="" type="checkbox"/> Family History <input type="checkbox"/> In Utero Infection <input type="checkbox"/> Craniofacial Anomalies <input type="checkbox"/> ECMO <input type="checkbox"/> Both Hyperbilirubinemia AND Exchange Transfusion <input checked="" type="checkbox"/> NICU



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Completing the ABR is only the first half of the screening. Risk factor screening must be completed as well. Make sure you select ALL risk factors that apply. This may require reviewing the patient's chart or asking about family history. Remember that family history includes a blood relatives of the infant have a permanent hearing loss that began in early childhood. This does not include family members who lost their hearing due to age or circumstances such as loud noise.

If a child has an in utero infection, make sure to mark the form appropriately. A list of possible infections is listed in the instruction section.

Craniofacial anomalies can be an indicator of unseen internal structural issues that could impact hearing. Be sure to complete a visual inspection prior to the screening to see if malformations are noted.

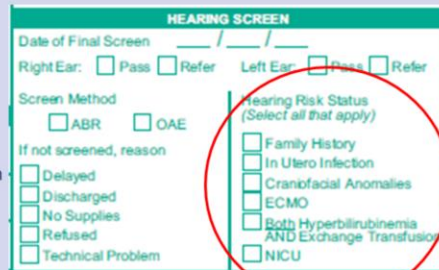
Complete this section even if hearing screening is delayed.

Filling out the Form: Hearing Screen

Specimen testing will be delayed if the form is incomplete!



Hearing Risk Status Check ALL that Apply



- ECMO - if extracorporeal membrane oxygenation administered to infant
- **Both Hyperbilirubinemia AND Exchange Transfusion** - infant has hyperbilirubinemia requiring exchange transfusion
 - Must have both to select this risk factor
- NICU - if infant in NICU or special care nursery



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Mark ECMO if this applies to the child. Research has shown that ECMO is linked with delayed onset hearing.

Both **Hyperbilirubinemia AND Exchange Transfusion** must be present to select this option as risk factor on the new form.

Finally, select the NICU box if a child has been in the NICU or special care nursery.

Filling out the Form: Hearing Screen

Specimen testing will be delayed if the form is incomplete!

Not Screened

- **Delayed** – cannot be completed before the blood specimen is sent (e.g., infant in NICU).
- **Discharged** – not screened prior to discharge

- **No Supplies** - no supplies available for the hearing screen
- **Refused** - Parents/guardian refused a hearing screen
- **Technical Problems** - technical issue prevented screen and report issues to the Newborn Screening Hearing Program



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If hearing screen cannot be performed, indicate the reason by selecting the appropriate box in the “If not screened, reason(s)” section.

If the hearing screen is delayed, mark delayed. Do not delay sending the blood specimen to the public health lab.

If baby was discharged prior to performing the hearing screen, mark discharged and send the blood specimen to the public health lab. The parent/guardian will need to be contacted to bring the baby back for a hearing screen.

If baby was not screened due to no supplies, mark no supplies and send the blood spot specimen to the public health lab. The parent/guardian will need to be contacted to bring the baby back for a hearing screen when supplies are received.

If the baby was not screened due to refusal, please check the refused box and complete all demographic information. Provide parents with the newborn screening hearing brochure and answer any questions they may have. Ensure that parents fill out the refusal form, the refusal form can be found on the Newborn Screening Website. Keep a copy of the refusal form for the baby’s medical record and fax a copy to the NBS Program at fax # 405-271-4892.

If the baby was not screened due to technical problems, report the issues to the Newborn Screening Hearing Program so that actions can be taken to ensure all babies receive a screening in compliance with state mandates.

Filling out the Form: Hearing Screen

Specimen testing will be delayed if the form is incomplete!



Delayed Screening:

- Perform the hearing screening prior to discharge.
- Record the hearing screen results in the appropriate boxes on both the yellow Chart copy and pink Parent/Guardian copy.
- Fax a copy of the results to the Newborn Hearing Screening Program at 405-271-4892.



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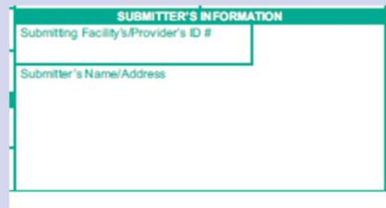
If a screening was delayed, perform the hearing screening prior to discharge. Record the hearing screen results in the appropriate boxes on both the yellow Chart copy and pink Parent/Guardian copy. Fax a copy of the results to the Newborn Hearing Screening Program at 405-271-4892. Please be certain that the infant's name and NBS Form Serial Number are legible on the photocopy.

Filling out the Form: Submitter ID

Specimen testing will be delayed if the form is incomplete!

A screenshot of the Oklahoma Newborn Screening Form. A red circle highlights the 'SUBMITTER INFORMATION' section in the lower right corner of the form. An arrow points from this section to a larger, detailed view of the section on the right.

- Submitting Health Provider ID #
 - This is the ID of the provider/facility who collected the specimen
 - Write or stamp in facility name and address

A detailed view of the 'SUBMITTER INFORMATION' section of the form. It contains two fields: 'Submitting Facility's/Provider's ID #' and 'Submitter's Name/Address'.

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The lower right hand corner of the form is where the submitter ID is entered. This is the newborn screening ID number of the provider or facility who collected the specimen.

Filling out the Form

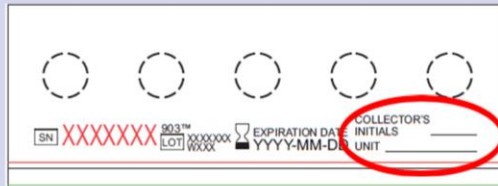
Specimen testing will be delayed if the form is incomplete!



- **Unsatisfactory Specimen Follow-up**

- Scanned images of unsatisfactory specimens are emailed back to hospitals to be used for continuing education. Specimen collectors can place their initials and unit in the area below for identification purposes, in the event of an unsatisfactory specimen. This allows for easier identification of the individual who collected the specimen so that further education and/or training can be provided.

Note: Do not touch the filter paper in any other area other than writing initials and unit.



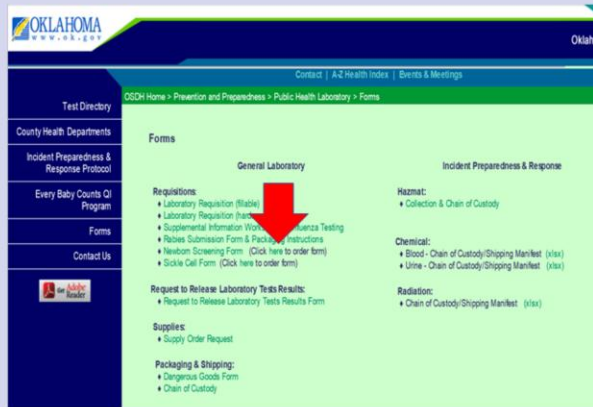
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When unsatisfactory specimens are received the nbs phl emails scanned images of the unsatisfactory specimen to hospitals to use for continuing education. The individual collecting the specimen can place his or her initials in the lower right hand corner of the filter paper, under the 5 circles where the blood is collected. This allows for easier identification of the individual who collected the specimen for further education and or training. Do not touch the filter paper anywhere except where the initials and unit will be written.

Ordering Filter Papers



- Go to Oklahoma State Department of Health website (www.ok.gov/health)
- Click- Prevention, Preparedness (Left hand side in blue)
- Click- Public Health Laboratory (Left hand in blue or lower left of the green area)
- Click- Forms (Left hand side in blue)
- Under Requisitions- Next to Newborn Screening Form- Click “here” to order forms (Top, Left in green)
- If you need assistance finding the online form or completing it call the Public Health Laboratory at 405-271-5070



You can order filter papers online by going to the Oklahoma State Department of Health website, www.ok.gov/health. Then you will click Prevention and Preparedness on the blue left hand navigation pane. Once on the next screen click the Public Health Laboratory, this is on the blue left hand navigation pane or on the lower left of the green portion of the screen. Then you will click on Forms in the blue left hand navigation pane. That should bring you to a screen that looks like this. On this screen, under requisitions next the Newborn Screening Form click here in green. This will open an online form that you can complete and submit to order filter papers. If you have trouble locating the form or completing the form please call the NBS PHL at 405-271-5070.

Tips/Reminders

- Specimen testing will be delayed if the form is not completely filled out
- Inaccurate/incomplete information can delay follow up
- One large drop of blood should be placed in each circle, not multiple drops.
- Do not place stickers on the form



As the presentation concludes, we wanted to provide you with a few last minute tips and reminders. Remember specimen testing will be delayed if the form is not completely filled out. Inaccurate/incomplete information can delay follow up for a baby that has abnormal screen results. One large drop of blood should be placed in each circle, not multiple drops. Do not place stickers on the form, if your facility requires a sticker be placed on the form, place it on the back of the white demographics page.

Oklahoma State Department of Health Newborn Screening Program

NBS Follow Up

Phone: 1-405-271-6617 option 2

Toll Free: 1-800-766-2223 option 2

Fax: 1-405-271-4892

NewbornScreen@health.ok.gov

NBS Public Health Lab

Phone: 1-405-271-5070



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Thank you for taking the time to watch this video. The Newborn Screening Program appreciates your assistance in ensuring every baby in the state of Oklahoma receives a newborn screen. If you have questions please use the information on the slide to contact us.