

**Newborn Screening Program**

**Heelstick Monthly Summary Report – Cover Sheet (Page 1 of 3)**

Date of submission: \_\_\_\_\_

Month/year data: \_\_\_\_\_

Hospital/midwifery name: \_\_\_\_\_

Address: \_\_\_\_\_

Completed by: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Check here if your facility's contact information has changed from previous months. This will help the ISDH Newborn Screening Program keep e-mail and phone distribution lists current. Thank you!

**Screening Statistics (report initial screens only)**

Total number of live births this month: \_\_\_\_\_

Total number of home births that received screening: \_\_\_\_\_

Total number of walk-ins that received screening: \_\_\_\_\_

Number of exceptions reported to ISDH this month: \_\_\_\_\_

Number of screens\*: \_\_\_\_\_

\*Number of screens = (live births + home births + walk-ins) MINUS # of exceptions reported to ISDH (\*\*including "Finally Screened" & transfers\*\*)

**NOTE:** Any infants who are discharged HOME without receiving a valid initial newborn screen must be reported immediately by phone to the ISDH Newborn Screening Program (317-233-7019).

*Completed reports are due by 5 pm EST on the first business day after the 14<sup>th</sup> of the following month. Most of the time, MSRs will be due by 5 pm EST on the 15<sup>th</sup>-- however, if the 15<sup>th</sup> falls on a weekend, MSRs will be due by 5 pm EST the following Monday. Please submit your MSR to:*

Christine Pokrajac, MPHc

(317) 234- 2995 (fax)/ CPokrajac@isdh.in.gov (Certified/secure e-mail ONLY)

**Heelstick Exception Reporting Form (page 2 of 3)**

Facility:

Month:

For each child who did not receive a newborn screen at your facility this month, please COMPLETE the form below. Items marked with an asterisk (\*) are required. Your MSR will not be processed until all required information is complete. Continue on page 2.

**Transfer Details**

a. Not transferred

b. Transferred out of your facility

c. Transferred into your facility

**Exception Details**

- 1. Transfer only
- 2. Finally screened
- 3. NICU
- 4. Initial screen next month
- 5. Deceased
- 6. Religious Refusal
- 7. Discharged HOME without valid initial newborn screen

Infant #	MRN*	Infant		Transfer details			Exception Details		
		Last name*	First name*	DOB*	Gender*	Transfer code*	Name of other facility involved in transfer* (if applicable)	Exception code*	Date of transfer/BSI death/Religious Waiver/discharge
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

Comments (Indicate MRN):

Infant #	Mother			Primary care provider	
	Last name*	Maiden name	Address*	Last name*	Phone*
1	First name*	Phone*	City/State/Zip*	First name*	
2					
3					
4					
5					
6					
7					
8					
9					
10					

Comments (Indicate MRN): \_\_\_\_\_