Newborn Screening (NBS) Referral Sheet

Indiana Department of Health

NEWBORN SCREENING INDIANA

Your baby needs to have important newborn screening performed to detect any risk of serious, treatable genetic health conditions. This referral sheet shows which screens your baby needs, either heel stick, critical congenital heart disease (CCHD), or hearing screen, and where your baby needs to visit to have the them completed.

1. REFERRAL INFO – TO BE COMPLETED BY REFERRING ENTITY

A. Your baby's name: _____ **Date of birth:** _____

B. Reason for your baby's newborn screening referral:

☐ Baby born at home and did not have heel stick, CCHD and/or hearing screen(s).

☐ Outside facility referred baby for a repeat screen (primary care provider [PCP], hospital, midwife, etc.)

C. Which screens does your baby need? (check all that apply)

☐ Heel stick ☐ CCHD ☐ Hearing

D. Baby needs newborn screening and is being referred to:

☐ Nearest external facility's birthing unit ☐ This facility's birthing unit

External facility's name: _____

E. Are language interpreters needed to assist with screens? ☐ No ☐ Yes *Language:* _____

F. Referral being made by: *To be completed by entity making this referral*

Hospital name: _____ *or* PCP/office name: _____

Staff signature: _____ Date: _____

2. SCREENING OUTCOMES – TO BE COMPLETED BY BIRTHING UNIT STAFF

A. The following screens were performed, written on the NBS card, and documented in the EMR:

HEEL STICK

☐ Baby received the screen and the back of the NBS card was completed by the family.

CCHD

☐ Baby passed screen with scores of 95% or higher and a difference of 3% or less.

☐ Baby's initial screen had failing scores, so a repeat screen and/or echocardiogram was completed.

HEARING

☐ Baby passed screen   with / without   risk factors.

☐ Baby did not pass screen and a referral for audiology was made.

B. Report all required information to the Genomics and Newborn Screening Program:

☐ Baby qualified as an exception to NBS. Your facility's monthly summary reporter has been notified.

☐ Family refused screen(s) due to religious beliefs and a State Form 54102 has been completed.

For assistance, contact the Public Health Genetics Newborn Screening Program at **NewbornScreening@health.in.gov** or **(888) 815-0006**

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