



Indiana State Department of Health  
 Genomics and Newborn Screening Program  
 Maintaining a Centralized Program

**Indiana Newborn Screening Law (16-41-17)**

This form is to be used when updating contacts at your birthing facility. When updated, email or fax this form to the GNBS Program and we will follow-up with you to assist with the transition. Please keep this form up to date and made available to all involved with GNBS to ensure accuracy and standards across the state.

ISDH GNBS Program will work on keeping you up to date with new resources, best practices, and direct lines of contact and will need this form to be accurate in order to provide you this information in a timely and efficient manner.

Email: [ISDHNBS@isdh.IN.gov](mailto:ISDHNBS@isdh.IN.gov)

Fax: 317.234.2995

Phone: 888.815.0006

**Birthing Facility:** \_\_\_\_\_

**Level of Care Rating:** \_\_\_\_\_ **Current EMR System:** \_\_\_\_\_

**Leadership Contact:** \_\_\_\_\_

NAME

ROLE

EMAIL

PHONE NUMBER

**NBS Log Location:** \_\_\_\_\_

(AVAILABLE IN EXCEL FORMAT TO AID IN SHARING AMONG REPORTERS/ISDH)

**Hearing MSR:** \_\_\_\_\_

NAME

EMAIL

**Pulse Ox MSR:** \_\_\_\_\_

NAME

EMAIL

**Heelstick MSR:** \_\_\_\_\_

NAME

EMAIL

**Lab Contact:** \_\_\_\_\_

NAME

EMAIL

**CIO/IT/IS Contact:** \_\_\_\_\_

NAME

EMAIL

**Medical Records/HIM Contact:** \_\_\_\_\_

NAME

EMAIL

**Chief Privacy Officer Contact:** \_\_\_\_\_

NAME

EMAIL



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Process for educating parents: \_\_\_\_\_

\_\_\_\_\_

How are the brochures presented: \_\_\_\_\_

\_\_\_\_\_

How do they identify the PCP: \_\_\_\_\_

\_\_\_\_\_

What is the process of opting in/out of the DBS storage and signature? \_\_\_\_\_

\_\_\_\_\_

**Where does the heelstick take place?**

In the room:  Nursery:  Other: \_\_\_\_\_

**Who routinely collects the heelstick?** \_\_\_\_\_

\_\_\_\_\_

**Where are the pulse ox screenings performed?**

In the room:  Nursery:  Other: \_\_\_\_\_

**Where are the hearing screenings administered?**

In the room:  Nursery:  Other: \_\_\_\_\_

*Are your hearing screen services contracted/referred? If yes, to who?*

\_\_\_\_\_

Who is responsible for the last quality check? \_\_\_\_\_

Process of completed NBS card: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Who fills out the NBS Log? \_\_\_\_\_

Is NBS Log Electronic? Yes \_\_\_\_ No \_\_\_\_ Is NBS Log Up to Date? Yes \_\_\_\_ No \_\_\_\_



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**Describe the process for heelstick re-screens:**

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**Newborn Screening and Birth Defects Reporting Processes for your Birthing Hospital:**

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Use below space to provide process map if needed.