



STATE OF ALABAMA
DEPARTMENT OF PUBLIC HEALTH
DONALD E. WILLIAMSON, M.D. • STATE HEALTH OFFICER

BUREAU OF CLINICAL LABORATORIES

December 4, 2008

Dear Newborn Screening Health Care Provider:

RE: Upcoming Discontinued Collection of Cord Blood Specimens

Effective January 1, 2009, the Alabama Newborn Screening Program will no longer perform hemoglobinopathy testing using cord blood specimens. Initial filter paper (A form) specimens collected on infants born on or after January 1, 2009, will be tested for hemoglobinopathy in addition to the battery of tests already performed on these specimens.

Hospitals should continue to collect cord blood specimens on all infants born on or before December 31, 2008. If cord blood is not available, a whole blood heel stick specimen should be collected. Filter paper specimens collected on infants born on or before December 31, 2008, will not be tested for hemoglobinopathy.

Hemoglobinopathy test results are not valid on infants that have been transfused within three months of the date of collection; therefore it is important that the appropriate specimen is collected on all infants prior to transfusion.

Infants needing repeat hemoglobinopathy testing after January 1, 2009, should have a specimen collected on a second test (B form) filter paper. Note that:

- The form must be clearly marked for hemoglobinopathy testing
- The lab number of the initial result must be written on the form in the colored bar across the top
- The lab number can be found on the report form in the top right hand corner

Do not mark hemoglobinopathy testing for specimens that have not been requested to be repeated by the State Lab.

To receive newborn screening test results, please call the Alabama Department of Public Health's Voice Response System (VRS) at (800) 566-1556. You may receive faxed copies of newborn screening reports using this system. If you are not registered with VRS, please contact Tarina Moores at (334) 206-5558.

If you have any questions concerning this transition, please contact the Alabama Newborn Screening Program at (334) 260-3476.

Sincerely,

A handwritten signature in black ink that reads "Charles H. Woernle".

Charles H. Woernle, M.D., M.P.H.
Interim Director
Bureau of Clinical Laboratories

CW/DR/VL

cc: Dr. Sharon Massingale
Mr. Bob Hinds
Mrs. Danita Rollin

ALABAMA NEWBORN SCREENING PROGRAM

Alabama Department of Public Health
Bureau of Clinical Laboratories
3140 Auth Drive, PO Box 244019
Montgomery, AL 36124-4019

20090071234

STATE LAB (334) 280-3400

Patient (Last) Doe		Patient (First) John		Medical record # NBS999	Infant's Medicaid #	
Birthdate 01/02/2009	Time of Birth (Military) 1350	Birth Weight (Current WT. if >1 mth.) 7 lbs. 8 oz.		Multiple Births Birth Order A,B,C etc <input type="checkbox"/>	Gestational Age weeks 40	Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F
Date of 1ST Feeding 01/02/2009	Time of 1ST Feeding (Military) 1550	Type Feeding <input checked="" type="checkbox"/> Breast <input type="checkbox"/> Regular <input type="checkbox"/> Soy	Transfused <input type="checkbox"/> Date / /	RACE <input checked="" type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other		
Date of Collection 01/05/2009	Time of Collection (Military) 1015	Infant's Age <input type="checkbox"/> TPN <input type="checkbox"/> OTHER	First Test <input type="checkbox"/>	Second Test <input checked="" type="checkbox"/>	Hepatitis B Vaccine Date / /	Home Birth <input type="checkbox"/>

Requested Repeat

T4/TSH
 CAH
 GAL
 BIQ
 CE
 Amino Acid Profile
 Fatty Acid Profile
 Organic Acid Profile
 Hemoglobinopathy (whole blood required)

Mother (Last) Doe		Mother (First) Jane		(M)	(Maiden)	Mother's Age 24
Mother's Social Security Number 999-99-9999		Mother's Medicaid Number		Mother's Phone No. (334) 555-5555		
Mailing Address 123 Main Street						
City Anytown		County Montgomery	State AL	Zip 36666		

HEARING

Date / /
 Time (Military) _____
 Risk Factors:
 Yes No

Method:
 ABR OAE

Right Ear:
 Pass Refer

Left Ear:
 Pass Refer

Refused
 Not Performed

Physician (Last) Smith	Physician (First) Jeffery	Physician (M) L
Physician's Phone Number (334) 555-9999		
SUBDIRTRES Anytown Pediatrics		
456 Washington St		
Anytown		Zip AL 36666

SN



AL678905

Form # CL-89

SN **678905**

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NS

2011-01

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FORMS MUST BE FILLED OUT COMPLETELY

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