



Alabama Newborn
Screening Program



Newborn Screening Reference Manual
for Medical Providers
2010



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The Alabama Newborn Screening Program



The goal of the Alabama Newborn Screening Program is to ensure state laws, rules and regulations mandating newborn screening are carried out in order to identify specific genetic disorders early and provide appropriate follow-up care.

The Alabama Newborn Screening Program establishes protocol to ensure early identification and follow-up of infants affected with certain genetic or metabolic conditions. Early diagnosis may reduce morbidity, premature death, mental retardation and other developmental disabilities. The program works in partnership with pediatric specialists throughout the state to ensure all babies identified with abnormal results receive appropriate follow-up.

The program also seeks to expand relationships with other health professionals including hospitals and pediatricians in the state to enhance existing services and assure objectives are met. Additionally, there are seven community-based Sickle Cell Organizations who provide counseling and follow up for children identified with sickle cell disease or sickle cell trait, as well as two certified Cystic Fibrosis (CF) Care Centers that provide CF care.

The Alabama Newborn Screening Hearing Program collaborates with the National Center for Hearing Assessment and Management (NCHAM) to ensure that all infants and toddlers with hearing loss are identified as early as possible and provided with timely and appropriate audiological, educational, and medical intervention. In addition, the Program collaborates with the Alabama Early Intervention System(AEIS) to ensure all infants are identified with hearing loss by three months of age and enrolled in AEIS before six months of age.


The Alabama Bureau of Clinical Laboratories (BCL) is the sole provider for blood analysis for the initial newborn screen. The BCL screens approximately 60,000 babies each year. The BCL also provides filter paper forms for screening to medical providers.

HIPAA

The Alabama Newborn Screening Program contacts health providers daily, and sometimes providers are unsure if information may be shared due to HIPAA regulations. Please read the notice provided by the ADPH General Counsel regarding HIPAA guidelines related to newborn screening.

MEMORANDUM

TO: ALABAMA NEWBORN SCREENING PROVIDERS

FROM: John R. Wible 
General Counsel
HIPAA Privacy Officer

In light of HIPAA, concerns have been raised regarding sharing information with the Alabama Department of Public Health regarding newborn screenings. Exchange of information regarding newborn screenings is permissible under HIPAA because HIPAA allows the disclosure of protected health information without patient authorization if the disclosure is required by law or if the disclosure is required for public health activities. Disclosures regarding newborn screenings fall into both of these categories.

Specifically, the HIPAA regulations state that they do not pre-empt laws “for the conduct of public health surveillance, investigation, or intervention.” 45 CFR 160.203(a)(2)(c). The regulations further provide that disclosures can be made without patient consent if the disclosure is required by law or if the disclosure is required for public health activities such as “preventing and controlling disease, injury, or disability” and “the conduct of public health surveillance, public health investigation, and public health interventions.” 45 CFR 164.512(a) and (b).

State law requires that health care providers report all results of the newborns tested to the Alabama Department of Public Health. Ala. Admin. Code 420-10-1-.04(2). Therefore, providers must continue reporting newborn screening results to the Alabama Department of Public Health pursuant to state law and in compliance with HIPAA.



Alabama NBS Panel of Disorders

There are twenty-eight disorders currently part of the Alabama Newborn Screening Panel of Primary Disorders and over fifty total disorders including secondary conditions. Please see appendix for a brief description and timeline of each disorder.

CURRENT: (As of Nov 23, 2009)

3-Methylcrotonyl-CoA Carboxylase Deficiency
3-OH 3-CH3 Glutaric Aciduria
Argininosuccinic Acidemia
Beta-ketothiolase Deficiency
Biotinidase Deficiency
Carnitine Uptake Defect
Citrullinemia
Classical Galactosemia
Congenital Adrenal Hyperplasia
Congenital Hypothyroidism
Cystic Fibrosis (IRT/DNA)
Glutaric Acidemia
Hearing Loss
Hemoglobin S/beta-thalassemia
Hemoglobin SC Disease
Hemoglobin SS Disease
Homocystinuria
Isovaleric Acidemia
Long-chain L-3-OH Acyl-CoA Dehydrogenase Deficiency
Maple Syrup Urine Disease
Medium-chain Acyl-CoA Dehydrogenase Deficiency
Methylmalonic Acidemia
Methylmalonic Acidemia due to mutase deficiency
Multiple Carboxylase Deficiency
Phenylketonuria
Propionic Acidemia
Trifunctional Protein Deficiency
Tyrosinemia Type 1
Very Long-chain Acyl-CoA Dehydrogenase Deficiency

Medical Provider Responsibilities in Newborn Screening

Medical Providers in Alabama are notified of abnormal newborn screening results by:

- mail as long as the provider is identified on the specimen collection form
- immediate phone call and mail for potential positives and/or abnormal results

Ex: **TSH**≥60 and **CAH**≥150

1. Medical providers are responsible for verifying newborn screening results and should not assume the newborn screen is normal if they are not notified. Please utilize Alabama's Voice Response System (AVRS) to obtain newborn screening results.
 - Provider information may be missing or inaccurate on form
 - Specimens may be lost in the mail
 - Hospitals may fail to collect a newborn screen prior to hospital discharge or transfer
2. Medical providers are responsible for ensuring that the infant receives an initial newborn screen including a hearing screen immediately.
 - Please mark the filter form **First Test** only after assuring that no first test was collected by the birthing facility
 - Please use the pink sheet attached to filter form for recording hearing results
3. Medical providers are encouraged to consult with an appropriate specialist if needed in order to develop a plan of action for necessary testing and evaluation.
4. Medical providers are encouraged to collect a repeat newborn screen as soon as possible if the first test is unsatisfactory.
5. Medical providers are responsible for ensuring that the recommended hearing screening method is used for rescreening of infants who fail an initial screen (see page 36).
6. Medical providers are responsible for obtaining a signed statement for parent refusal of newborn screening. A newborn screening collection form should be filled out completely with a statement as to the refusal and mailed to the State Laboratory.
7. Medical providers are encouraged to collect a second newborn screen at two-six weeks of age.

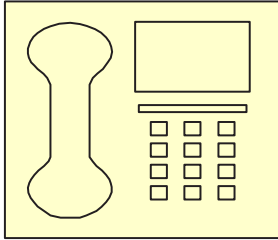


Alabama NBS Medical Consultants

The Newborn Screening Program encourages consultation with the following medical specialists for recommendations regarding follow-up or if there are questions about abnormal test results.

Disorders:	Specialists:
Endocrine <ul style="list-style-type: none"> • Congenital Adrenal Hyperplasia (CAH) • Congenital Hypothyroidism (CH) 	<ol style="list-style-type: none"> 1. USA Medical Center, Endocrinology Anne Marie Kaulfers, MD 251-405-5147 Christina Hair, RN 251-434-3723 2. Children's Hospital, Endocrinology Gail Mick, MD 205-939-9107 Leslie Pitts, CRNP 205-996-9166
Hemoglobinopathies <ul style="list-style-type: none"> • Sickle cell disease, trait conditions and other hemoglobinopathies 	<ol style="list-style-type: none"> 1. USA Sickle Cell Center Felicia Wilson, MD 251-405-5147(3) Stephanie Durgin, RN 251-415-5172 2. Children's Hospital, Pediatric Hematology Thomas Howard, MD 205-939-9285 Sharon Carlton, RN 205-558-2390
Cystic Fibrosis	<ol style="list-style-type: none"> 1. USA CF Care Center Lawrence Sindel, MD 251-343-6848 2. UAB CF Care Center Hector Gutierrez, MD 205-939-9583 Staci Self, LGSW 205-939-5494
Metabolic <ul style="list-style-type: none"> • Phenylketonuria (PKU) • Galactosemia • Biotinidase • Amino, Fatty and Organic Disorders 	<ol style="list-style-type: none"> 1. UAB Genetics S. Lane Rutledge, MD 205-975-6867 Maria Descartes, MD 205-934-1154 Alicia Roberts, RD 205-996-6983
Metabolic Disorders screened by ADPH NBS Program:	
Amino Acid Disorders: <ul style="list-style-type: none"> • argininosuccinic acidemia • citrullinemia • homocystinemia • maple syrup urine disease • phenylketonuria (PKU) 	
Fatty Acid Oxidation Disorders: <ul style="list-style-type: none"> • carnitine uptake defect • long chain 3-hydroxyacyl-CoA dehydrogenase deficiency • medium chain acyl-CoA dehydrogenase deficiency • trifunctional protein deficiency • very long chain acyl-CoA dehydrogenase deficiency 	
Organic Acid Disorders: <ul style="list-style-type: none"> • beta-ketothiolase deficiency • glutaric acidemia • isovaleric acidemia • methylmalmonic acidemia • propionic acidemia • 3-methylcrotonyl-CoA carboxylase deficiency 	

Alabama Voice Response System



The AVRS provides 24-hour, 7 days a week telephone reporting of newborn screening results in 30 seconds or less directly through a toll free number, **1-800-566-1556**, and has the capability of providing you with a faxed copy of the results.

The Alabama Voice Response System (AVRS) requires pre-registration with the Alabama Newborn Screening Program and positive identification of the caller through two security checks. Physicians are prompted by the system to enter their state license number (preceded by zeros, if needed, in order to make a seven-digit number) and a four-digit personal identification number or PIN.

HOW DO I REGISTER?

Physicians may register with the system by completing the registration form found on the Alabama Department of Public Health website, <http://www.adph.org/newbornscreening/>, or the following page and returning it to the following address:

**Alabama Department of Public Health
Attention: Wendy Caraway
P.O. Box 303017
RSA Tower – Suite 1350
Montgomery, Alabama 36130-3017
wendy.caraway@adph.state.al.us**

HOW DO PHYSICIANS GET A PIN?

Each physician chooses his/her individual four-digit PIN and records the number on the pre-registration form. The PIN must be four numeric characters. It is the responsibility of each physician to safeguard his/her PIN. Do not allow unauthorized access to your confidential number. If a PIN is ever lost, stolen, forgotten, or if a physician suspects someone has gained access to it, immediately call the Newborn Screening Program at **334-206-7065** and a new PIN will be assigned.

HOW DOES THE SYSTEM WORK?

Physicians must have available the mother's social security number or specimen kit number found on the filter paper collection form preceded by the year of the infant's birth. Information is provided by recorded voice messages. The infant's name and date of birth are spelled and verified by user response before any results are given. Information is provided concerning the need for repeat testing or medical follow-up along with the test result.



Alabama Voice Response System Registration Form

Participating physicians must complete and return this form in order to register for the automated Alabama Newborn Screening Voice Response System (AVRS).

(PLEASE PRINT)

Name of Physician _____

Name of Facility _____

Mailing Address _____

Area Code/Telephone Number _____

Area Code/Fax Number _____

E-Mail Address _____

Physician's State License Number _____

Personal Identification Number(PIN) _____

Signature of Physician _____

Please fax or mail to:

Wendy Caraway
Alabama Department of Public Health
P.O. Box 303017
201 Monroe Street
RSA Tower, Suite 1350
Montgomery, Alabama 36130-3017
Fax: 334-206-3063

If you have any questions please call 334-206-7065 or 1-866-928-6755

Newborn Screening Brochure Order Form

Hospital/Practice Name: _____
(Please spell out complete name)

Mailing Address: _____
(No P.O. Boxes please)

City/Zip Code: _____

Telephone: _____

Contact Person: _____

Brochure Number: ADPH-FHS-_____

*Please see below for English versions of the NBS Brochures or visit our website at www.adph.org/newbornscreening. Include "S" after brochure number for the Spanish version.

Name of Brochure: _____

Quantity Requested (comes in packets of 100): _____

Please use a separate order form for each brochure ordered

Please call, fax or e-mail this order form to Wendy Caraway at:

334-206-7065 (phone)

334-206-3063 (fax)

wendy.caraway@adph.state.al.us

FHS-223



FHS-534



FHS-536



FHS-533





Newborn Screening Refusal Form

The American Academy of Pediatrics and the Alabama Department of Public Health strongly recommend Newborn Screening for all infants

Child's Name: _____ Date of Birth: _____

Name of Delivery Hospital: _____

Parent/Legal Guardian: _____

My child's medical provider _____ has advised me that my child (named above) should participate in the newborn screening program.

☐ As the parent or legal guardian of my child (named above), I choose to decline participation in my state's newborn screening program, on the grounds that such tests conflict with my religious tenets and/or practices (as allowed by the Code of Alabama 1975, 22-20-3).

I have been provided information about newborn screening in my state and the importance of early identification of the disorders. I have had the opportunity to discuss these with my child's medical provider, who has answered my questions regarding the recommended screening. I understand the following:

- The purpose and need for newborn screening.
- The risks and benefits of newborn screening.
- **If my child does not participate in newborn screening, the consequences of a late diagnosis may include delayed development, mental retardation, or death.**
- My child's medical provider, the Alabama Department of Public Health, and the American Academy of Pediatrics strongly recommend that all newborns be screened for certain disorders.
- If my child has one of my state's screened conditions, failure to participate in newborn screening may endanger the health or life of my child.

Nevertheless, I have decided at this time to decline participation in the newborn screening program for my child as indicated by checking the box above.

I acknowledge that I have read this document or it has been read to me in its entirety, and I fully understand it.

Parent/Legal Guardian Signature _____ Date _____

Witness _____ Date _____

I have had the opportunity to re-discuss my decision not to participate in my state's newborn screening program and still decline the recommended participation.

Alabama Birthing Hospitals

As of 2010, Alabama has 54 birthing hospitals listed below in birth rank order.

	<u>2010 Birth #</u>		<u>2010 Birth #</u>
Huntsville Hospital	5159	Helen Keller Memorial Hospital	737
UAB Hospital	3810	DeKalb Regional Medical Center	721
St. Vincent's Hospital	3589	South Baldwin Regional Medical Center	640
Brookwood Medical Center	3479	Springhill Memorial Hospital	637
Baptist Medical Center East	3432	UAB Medical West	628
USA Children & Women's Hospital	2808	Trinity Medical Center	619
Providence Hospital	1858	Russellville Hospital	556
DCH Regional Medical Center	1700	Decatur General Hospital	534
East Alabama Medical Center	1676	Athens Limestone Hospital	489
Northport Hospital	1581	Russell Hospital	457
Southeast Alabama Medical Center	1574	Coosa Valley Medical Center	440
Flowers Hospital	1343	Andalusia Regional Hospital	432
Jackson Hospital	1324	Princeton Baptist Medical Center	423
Northeast AL Regional Medical Center	1272	Parkway Medical Center	415
Mobile Infirmary Medical Center	1178	Cooper Green Hospital	361
St. Vincent's East	1165	Jacksonville Regional Medical Center	360
Gadsden Regional Medical Center	1160	Citizens Baptist Medical Center	359
Shebly Baptist Medical Center	1156	Highlands Medical Center	353
Thomas Hospital	1114	George H. Lanier Memorial Hospital	337
Eliza Coffee Memorial Hospital	1017	D.W. McMillan Memorial Hospital	316
Medical Center Enterprise	909	Marshall Medical Center North	306
Cullman Regional Medical Center	895	Bryan W. Whitfield Memorial Hospital	258
Marshall Medical Center South	869	Monroe County Hospital	245
Crestwood Medical Center	851	North Baldwin Infirmary	231
Baptist Medical Center South	849	Jackson Medical Center	165
Walker Baptist Medical Center	780	Crenshaw Community Hospital	153
Vaughan Regional Medical Center	771	Grove Hill Memorial Hospital	102



Newborn Screening Specimen Collection

The following pages provide information regarding specimen collection

- **Alabama Bureau of Clinical Laboratory Notice**
Please see this notice of changes made to the protocol for testing specimens received by the Newborn Screening Laboratory.
- **Hemoglobinopathy Instructions for “B” Filter Forms**
Please see the instructions for completing the “B” filter form when hemoglobinopathy testing is needed.
- **Lessons Learned: NBS Collection**
Please see these helpful tips for improving specimen collection that were noted at the NBS Coordinator Conference held August 2009.
- **Alabama Bureau of Clinical Laboratory NBS Collection Guidelines**
Please see the Newborn Screening Collection Guidelines for the approved method of blood collection by the Alabama Bureau of Clinical Laboratories.
- **Sick Infant Blood Collection Protocol Changes (March 25, 2010)**
The Newborn Screening protocol for premature or sick infants has been recently updated by the Alabama Newborn Screening Advisory Committee. Please see the protocol for recent changes.
- **Whatman® Neonatal Screening Reference Form**
Please see this reference form to review steps for blood collection and handling procedure.
- **Whatman® Simple Spot Check Reference Form**
Please see this reference form to review examples and possible causes of invalid or unsatisfactory results.
- **Newborn Screening Provider Update Form**
Please see the Provider Update Form if your contact information has changed.
- **Filter Paper Reorder Form**
Please see the Filter Paper Reorder Form to order newborn screening specimen kits.



ONE DROP

ONE CIRCLE

ONE TIME



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

BUREAU OF CLINICAL LABORATORIES
Sharon P. Massingale, Ph.D., HCLD(ABB) ♦ Director

November 4, 2009

Dear Health Care Providers:

Effective November 9, 2009, the protocol for testing specimens received in the Newborn Screening (NBS) Laboratory at the Bureau of Clinical Laboratories will be as follows:

1. The "initial" or "first test" specimen will have the following test panel performed:

T4, TSH, CAH, Galactosemia, IRT (CF), Biotinidase, Amino Acid Profile,
Fatty Acid Profile, Organic Acid Profile, and Hemoglobinopathy.
2. The "repeat" or "second test" specimen will have the following test panel performed:

T4, TSH, CAH, Galactosemia, IRT (CF), Biotinidase, Amino Acid Profile,
Fatty Acid Profile, and Organic Acid Profile.

Note: Hemoglobinopathy testing will not be routinely performed on the "repeat" or "second test" specimen unless a repeat test is requested by the Newborn Screening (NBS) Laboratory.

Proper collection techniques are imperative to ensure that every specimen that is received in the NBS laboratory can be tested for all disorders. NBS forms should be completed and legible. Accuracy of testing and evaluation of results are dependent on the sample and information that is received.

Please call Danita Rollin, Deannie Morris, or Lynn Green with any questions at 334-260-3400.

Sincerely,

Sharon P. Massingale, Ph.D., HCLD(ABB)
Laboratory Director
Bureau of Clinical Laboratories

SPM/VL

Alabama Newborn Screening Premature or Sick Infant Blood Collection Protocol

November 2, 2010

The following Newborn Screening protocol for premature or sick infants has been developed by a task force of professional medical providers and consultants and has been approved by the Alabama Newborn Screening Advisory Committee. These recommendations are in keeping with the recommendations of the Clinical Laboratory Standards Institute (CLSI) as well as the standards required by the Alabama Department of Public Health Laboratory.

It is recommended that when collecting Newborn Screening blood samples involving premature or sick infants, **who have been admitted to the NICU for five days or longer**, the following protocol be used:

Premature or Sick Infants-

- The first Newborn Screen Specimen is to be collected when infant is admitted to the NICU. * (Prior to transfusions)
- The second (B form sample) Newborn Screen Specimen is to be collected between 5-7 days of age or prior to discharge if discharge is to be at less than 5 days of age. (At least 72 hours post transfusions)
- If on TPN at time of second NBS, collect the third NBS specimen 2 days after TPN is discontinued or upon discharge from NICU, whichever comes first.
- In very low birth-weight infants (less than 2000 grams), hypothalamic immaturity could obscure meaningful TSH elevations so T4/TSH levels are recommended between 4-12 weeks.

*(Note: If the infant is admitted to the NICU and the expected stay is **less than 5 days**, the specimen should be collected according the well baby collection protocol.)



Alabama Department of Public Health

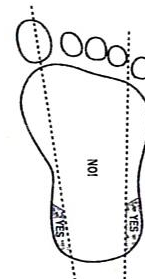
Bureau of Clinical Laboratories

Newborn Screening Collection Guidelines

Section 22-20-3 (as amended in 1987) of the Code of Alabama states that all infants must be administered a reliable test for PKU, Hypothyroidism, CAH, Galactosemia, Abnormal Hemoglobin's, Biotinidase, Amino Acid Disorders, Fatty Acid Disorders and Organic Acid Disorders and that the testing be performed by the Public Health Laboratory.

Timing of Screening:	
First Test ("A" form) – <i>This specimen is tested for Hypothyroidism, CAH, Cystic Fibrosis, Galactosemia, Hemoglobinopathies, Biotinidase Deficiency, Amino Acid Disorders, Fatty Acid Disorders, and Organic Acid Disorders.</i>	
Full Term Infants	A newborn screening test should be collected when the infant is 24-48 hours of age and on adequate protein feeding for > 24 hours. If the infant is discharged prior to 24 hours of age or feeding < 24 hours, the parent or guardian must be informed of the importance of obtaining a repeat test before one week of age.
Home Births	The Newborn Screening Statute applies to all infants born in Alabama. The birthing attendant is responsible for collecting the newborn screening test. It is recommended that the test is collected at 24-48 hours of age.
Extended Hospital Stay (low birth weight/sick infants)	It is recommended that a specimen be collected upon admission to the NICU if the infant is expected to receive TPN or transfusions unless the infant is so unstable that it cannot be done safely. For further information, a copy of the Alabama Newborn Screening collection is attached.
Transitioning Infants	Infants admitted to NICU for short term observation but are not receiving TPN or transfusions should have a specimen collected according to the Full Term Infant Protocol.
Dying Infants	If an infant is likely to die, it is appropriate to collect a newborn screening specimen. While dying infants may have abnormal results as a response to organ failure, the specimen may also provide a diagnosis of an early onset screening disorder.
Older Infants	The American Academy of Pediatrics recommends that physicians know the screening status of all children in their care. While older infants may enter the practice without evidence of a newborn screen, the Alabama Department of Public Health's Newborn Screening Program has established standards and cutoffs for newborns and infants and therefore cannot accept specimens on children older than 12 months of age.
Special Considerations:	
Transfused Infants	A specimen should be collected prior to transfusion regardless of age or treatments unless the infant is so unstable it cannot be done safely. If the specimen is not collected prior to transfusion, collect a specimen greater than 72 hours post transfusion. Another specimen should be collected at 3-4 months post transfusion for Hemoglobinopathies, Biotinidase, and Galactosemia. If a Galactosemia condition is suspected and the specimen was not collected prior to transfusion, place the infant on a lactose-free diet until a definitive diagnosis can be made.
Transferred Infants	The transferring facility must collect a specimen prior to transfer regardless of age or treatments unless the baby is so unstable that it cannot be done safely. If the specimen cannot be obtained prior to transfer, the transferring facility must ensure that the next facility is aware of the need for collection of the newborn screening specimen.

Parent Refusal	Parents may refuse newborn screening only for religious reasons. Parents who refuse under this condition should sign a statement that is placed in the infant's medical record. A newborn screening collection form should be filled out completely with a statement as to the refusal and mailed to the State Laboratory.
<p>Second Test ("B" form) – <i>This specimen is tested for Hypothyroidism, CAH, Amino Acid Disorders, Fatty Acid Disorders, Organic Acid Disorders, Cystic Fibrosis, Biotinidase, and Galactosemia.</i></p> <p>Note: This specimen is not routinely tested for Hemoglobinopathies. If no valid test has been done for this disorder, please see instructions below for collection of requested repeat specimens.</p> <ol style="list-style-type: none"> 1. A second newborn screening specimen should be collected at 2-6 weeks of age (4 weeks optimal) on all full term infants with a normal first test screen. 2. If the first test specimen was collected when the infant was greater than one week of age but less than two weeks of age, the second test specimen should be collected at 4-6 weeks of age. 3. If the first test specimen was collected after two weeks of age, a second ("B") specimen need NOT be collected. 	
<p>Requested Repeat ("B" form)</p> <ol style="list-style-type: none"> 1. A repeat specimen may be requested by the State Laboratory when the results are abnormal or questionable. The specimen should be collected in the time frame indicated by the report. The "Retest-Prior Abnormal" box must be marked on the collection form. 2. If the first test is unsatisfactory for testing, a repeat test should be collected as soon as possible. The "Retest-Prior Unsat" box must be marked on the collection form. 	
Collection of Filter Paper Bloodspot Specimen	
<p>Materials needed for Blood Collection:</p> <ol style="list-style-type: none"> 1. Gloves 2. 70% isopropyl alcohol pads 3. Dry sterile gauze pads 4. Sterile sticking device with a point not greater than 2.4 mm in depth (the most effective method is the use of scalpel bladed lancets) 5. Newborn Screening filter paper collection form (CL-89) with protective envelope 	
<p>Bleeding Procedure:</p> <ol style="list-style-type: none"> 1. The preferred puncture site is indicated by the shaded areas on the heel. The least hazardous sites for heel puncture are medial to a line drawn posterior from the middle of the big toe to the heel or lateral to a similar line drawn on the other side extending from between the 4th and 5th toe to the heel. 2. Warm the infant's foot if necessary using warm water, towel, or chemical pack. Heat sources should not exceed 42°C and should not be left in contact with the skin for a prolonged period. 3. Disinfect the skin with alcohol pads and allow to air dry. Vigorous rubbing during this step stimulates blood flow to the area. 4. Puncture the skin in one continuous motion using a sterile sticking device with a tip <2.4mm. THE USE OF LONGER TIPS MAY DAMAGE THE HEEL BONE. 5. Wipe away and discard the first drop of blood since it may be contaminated by alcohol or tissue fluid. 6. Allow the second drop of blood to form by the spontaneous free flow of blood. 	





Collecting the Blood Spots:

1. Before collecting the blood, fold back the protective flap to expose the filter paper. Do not touch or handle the filter paper before or after applying the blood.
2. Lightly touch the filter paper against a large drop of blood and allow a sufficient quantity of blood to soak through to completely fill the circle. Apply blood to one side of the filter paper only, allowing full saturation of each circle. Either side of the filter paper may be chosen. Fill all circles. Do not layer successive small drops of blood to the same circle. Avoid touching or smearing the blood spots.
3. If blood flow is diminished, repeat the bleeding procedure with sterile equipment.
4. Once all the circles have been filled, press a sterile gauze pad to the puncture site and hold the infant's foot above the level of the heart until bleeding has stopped.
5. Dry the blood spots on a level, non-absorptive surface away from direct sunlight and at room temperature for at least 4 hours.
6. After blood spots are completely dry, replace the protective flap and place them in the protective envelope (do not use plastic) and mail to the State Laboratory within 24 hours.

Guidelines and Possible Sources of Error:

The following guidelines may help eliminate unsatisfactory specimens or erroneous test results.

1. Do not touch any part of the filter paper circles before, during, or after collection.
2. Collect the specimen on the proper Newborn Screening collection form.
3. Complete all demographic data. This information is vital for interpretation of newborn screening results and for identification and location of infants for follow-up of abnormal test results.
 - a) Always indicate any medications that may affect test results.
 - b) Mark the proper feeding status.
 - c) Always note any transfusions of red blood cells.
4. Wipe away the first drop of blood to remove tissue fluids and alcohol. Do not "milk" the puncture site.
5. Do not expose the specimen to heat or humidity at any time. Do not dry on heater, in microwave, with a hair dryer, or in the sunlight. Do not place in plastic bags, leave in hot mailbox, or hot car; proteins and enzymes will be destroyed.
6. Ensure that the specimen is properly dried before replacing the protective flap or before placing in the protective envelope.
7. Dry specimens in a horizontal position. Hanging wet specimens will cause heavier red cells to migrate to the end of the circle causing an uneven saturation.
8. Do not superimpose blood drops on top of each other.
9. Apply blood to only one side of the filter paper.
10. Collecting blood samples after feeding promotes better blood flow.
11. Do not allow specimens to come in contact with water, feeding formulas, antiseptics, urine, etc.

Improperly prepared blood spots and failure to complete the information form accurately constitute a major problem for the testing laboratory. Good blood spot preparation will assure prompt and accurate testing.

Completing the Demographic Data

Always complete the specimen collection form using a black or blue ball point pen and print legibly to ensure that the patient is identified properly.

1 Newborn Screening "A" form

2 118001

3 118001

4 2012-04

5 SEE BACK OF FORM FOR SPECIMEN COLLECTION INSTRUCTIONS

6 ALABAMA NEWBORN SCREENING PROGRAM

7 Alabama Department of Public Health
Bureau of Clinical Laboratories
5143 ALM Drive, PO Box 244016
Montgomery, AL 36124-4016

8 STATE LAB (334) 260-3400

9 Patient (Last) (First) Medical Record # Infant's Medicaid #

10 Birthdate Time of Birth (Military) Birth Weight (Current WT. if > 1 mth.) lbs. oz. Single Birth Gestational Age weeks Sex M F

11 Date of 1st Feeding Time of 1st Feeding (Military) Type Feeding ☐ Soy ☐ Transfused ☐ White ☐ Black

12 ☐ Breast ☐ TPN ☐ Asian ☐ Hispanic ☐ Other

13 Date of Collection Time of Collection (Military) ☐ Regular ☐ Other Time (Military) ☐ First Test ☐ Routine Second Test

14 Infant's Age (M) ☐ Retest - Prior Unsatisfactory ☐ Retest - Prior Abnormal (Requested by State)

15 Mother (Last) (First) (M) Mother's Social Security Number Mother's Medicaid Number Mother's Phone Number

16 Mailing Address Mother's Age

17 City County State Zip

18 Physician (Last) (First) (M) HEARING: Risk Factors: ☐ Yes ☐ No Right Ear: ☐ Pass ☐ Refer

19 Physician's Phone Number Home Birth ☐ Date Method: ☐ ABR ☐ OAE Left Ear: ☐ Pass ☐ Refer

20 ☐ Refused ☐ Not Performed Transferred

21 SUBMITTERS AL Zip Form # CL-39 SN 118001

FORMS MUST BE FILLED OUT COMPLETELY IN BLUE OR BLACK INK - PRINT LEGIBLY

REMOVE THIS PART BEFORE COLLECTING NHS SPECIMEN

Newborn Screening "B" form

1 2012-04

2 SEE BACK OF FORM FOR SPECIMEN COLLECTION INSTRUCTIONS

3 ALABAMA NEWBORN SCREENING PROGRAM

4 Alabama Department of Public Health
Bureau of Clinical Laboratories
5143 ALM Drive, PO Box 244016
Montgomery, AL 36124-4016

5 STATE LAB (334) 260-3400

6 Patient (Last) (First) Medical Record # Infant's Medicaid #

7 Birthdate Time of Birth (Military) Birth Weight (Current WT. if > 1 mth.) lbs. oz. Single Birth Gestational Age weeks Sex M F

8 Date of 1st Feeding Time of 1st Feeding (Military) Type Feeding ☐ Soy ☐ Transfused ☐ White ☐ Black

9 ☐ Breast ☐ TPN ☐ Asian ☐ Hispanic ☐ Other

10 Date of Collection Time of Collection (Military) ☐ Regular ☐ Other Time (Military) ☐ First Test ☐ Routine Second Test

11 Infant's Age (M) ☐ Retest - Prior Unsatisfactory ☐ Retest - Prior Abnormal (Requested by State)

12 Mother (Last) (First) (M) Mother's Social Security Number Mother's Medicaid Number Mother's Phone Number

13 Mailing Address Mother's Age

14 City County State Zip

15 Physician (Last) (First) (M) Notes:

16 Physician's Phone Number Home Birth ☐ Date Method: ☐ ABR ☐ OAE Left Ear: ☐ Pass ☐ Refer

17 ☐ Refused ☐ Not Performed Transferred

18 SUBMITTERS AL Zip Form # CL-39 SN 324001

FORMS MUST BE FILLED OUT COMPLETELY IN BLUE OR BLACK INK - PRINT LEGIBLY

FILL OUT HEARING SCREENING INFORMATION. INSTRUCTIONS ON BACK OF THIS PART.

324001

2012-04



1	Name field – enter the patient’s last name and first name (if applicable)	2	Medical Record field – enter the patient’s medical record number. This number is for the submitting facility to identify the patient when the report is received
3	Medicaid field – enter the infant’s Medicaid number if applicable	4	Birth date field – enter the birth date in the format MM/DD/YY (required field)
5	Time of Birth field – enter in military format, failure to use military format may result in erroneous test results since many lab tests are based on the age of the infant at the time of collection.	6	Birth Weight field – enter the infant’s birth weight in pounds and ounces. If the infant is more than one month of age, enter the current weight. The laboratory sets standards and cutoffs for some tests using weight. Indicating the weight helps to ensure accurate test results and eliminate the need for unnecessary repeat specimens.
7	Multiple Births field – if this birth is a multiple birth (twins, triplets, etc.), check the multiple	8	Gestational Age field – enter the gestational age as number of completed weeks
9	Sex field – Mark the check box M for male or F for female	10	Date of 1st Feeding field – enter the date of the first protein feeding. This includes TPN feeding.
11	Time of Feeding field – enter the time of the first protein feeding in military format.	12	Type feeding field – mark the box beside the appropriate feeding type. Feeding type refers to the type of nutrition that the infant is receiving. If the infant is receiving more than one type of feeding, mark all that apply.
13	Infant’s age field – enter the infant’s age at the time of specimen collection.	14	Transfused field – mark the box if the infant has ever received a transfusion of red blood cells. Enter the date of the last transfusion prior to specimen collection in the format MM/DD/YY and the time of the last transfusion prior to specimen collection in military format. The date and time of transfusion are important for the laboratory to determine whether the test results are valid. Failure to indicate transfusions can result in an infant with a detectable disorder being missed due to the presence of donor cells in the newborn screening specimen.
15	Race field – mark the appropriate box for the infant’s race	16	Type of test fields – mark the “First Test” box if the specimen is the first one collected on this infant. Mark the “Routine Second Test” box if the specimen is the routine second test specimen collected on this infant. If a prior test on this infant was reported as unsatisfactory, mark the “Retest – Prior Unsat” box. If a prior test on this infant was abnormal and the State Laboratory requested a repeat sample, mark the “Retest –Prior Abnormal” box. Including the lab number of the previous test will help to ensure that the appropriate tests are ordered.
17	Mother’s information fields – enter the mother’s information in the appropriate fields. <i>Mother’s social security number should be entered accurately.</i> This will allow the submitting facility to access test results more readily and ensures that infants needing immediate follow-up can be located quickly.	18	Physician fields – enter the full name and phone number of the physician who will be providing direct care after discharge. There are many physicians with the same last name and therefore cannot always be identified by last name only. The physician listed on the collection form becomes the physician-of-record and will be contacted by the laboratory in the event of an abnormal test result. Responsibility for follow-up remains with the physician of record until another practitioner actively accepts it. All physicians should be registered in the State Laboratory data base to ensure timely receipt of test reports.
19	Home birth field – check the home birth box if the infant was born outside of the birthing facility with a birthing attendant present.	20	Hearing field – On the “A” form enter the date that the hearing screen was performed in the format MM/DD/YY and check the appropriate boxes to indicate the results of the hearing screen and the testing method used. On the “B” form the hearing data will be entered on the pink form.
21	Submitter field – enter the name and address of the facility submitting the specimen. Do not use abbreviations as there are facilities with similar names. An address label may be attached in this area as long as it does not obscure any other fields or hang off of the edge of the form.	22	Lab use field - Do not write or place labels in this area. This space is used by the laboratory to attach a unique identification number to the specimen for use in the laboratory.

Hemoglobinopathy Repeats

If a repeat Hemoglobinopathy (Hgb) is needed, please complete the “B” filter form by:

1. Marking ***Retest-Prior Abnormal (Requested by State)***
2. Writing **Hgb** as shown below


Note: Hgb testing will not be routinely performed on the “repeat” or “second test” specimen unless a repeat test is requested by the Alabama Newborn Screening Laboratory.

*Regarding home births: If you are aware that an infant was born outside of a hospital setting for any reason, it is your responsibility to ensure that the infant receives an initial newborn screen and newborn hearing screen immediately. If you use the B filter paper, please mark the box indicating a first test, and you may use the pink sheet to record hearing screen results.

SEE BACK OF FORM FOR SPECIMEN COLLECTION INSTRUCTIONS

ALABAMA NEWBORN SCREENING PROGRAM									
Patient (Last) (First)				Medical Record #		Infant's Medicaid #			
Birthdate	Time of Birth (Military)		Birth Weight (Current WT. If > 1 mth.)		<input type="checkbox"/> Single Birth <input type="checkbox"/> Multiple Birth: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C		Gestational Age	Sex	
Date of 1 st Feeding	Time of 1 st Feeding (Military)		Type Feeding	<input type="checkbox"/> Soy <input type="checkbox"/> Breast <input type="checkbox"/> TPN	<input type="checkbox"/> Transfused <input type="checkbox"/> Regular <input type="checkbox"/> Other	<input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other		<input type="checkbox"/> First Test <input type="checkbox"/> Routine Second Test <input type="checkbox"/> Retest - Prior Unsat <input checked="" type="checkbox"/> Retest - Prior Abnormal (Requested by State)	
Date of Collection	Time of Collection (Military)		Infant's Age		Date		Time (Military)		
Mother (Last) (First) (M)			Mother's Social Security Number			Mother's Medicaid Number			Mother's Phone Number
Mailing Address									
City			County		State		Zip		
Physician (Last) (First) (M)			Physician's Phone Number		Home Birth <input type="checkbox"/>		Notes:		
SUBMITTER					LAB USE ONLY - DO NOT WRITE IN THIS BOX				
AL					SN 329004 FORMS MUST BE FILLED OUT COMPLETELY IN BLUE OR BLACK INK - PRINT LEGIBLY				

FILM OUT HEARING SCREENING INSTRUCTIONS ON BACK OF THIS PART.



BIOHAZARD

SPECIMEN SHOULD BE COMPLETELY DRY BEFORE COVERING

NO BLOOD ON FLAP

FLAP MUST REMAIN INTACT



Lessons Learned: NBS Collection



Newborn Screens can have dramatic impact to the welfare of the infant and the family, and it is important to understand the significance of screening both from a medical outcome and a legal liability standpoint.

Here is a summary of best practices that Alabama hospital staff found helpful in improving specimen collection at their facility.

1. Storage of the filter paper both pre-use and post-use can be very important. If the paper is stored in a dry, hot environment such as an unventilated warehouse it will affect the performance of the paper. Always try to store paper at room temperature and room humidity. Post-use storage should be in keeping with NBS lab guidance (©ID Biological Systems Report).
2. The type of lancet used can have a definite effect on the specimen collected. The “switch blade” type lancet achieves better blood flow than the puncture type. This could make a difference in your blood collection (©ID Biological Systems Report).
3. Limit the number of people allowed to actually draw NBS blood to a very few, well trained individuals to reduce unsatisfactory specimens (AlabamaNBS Coordinator Conference 2009).
4. Track the performance of these collectors and re-train or substitute as necessary if unsatisfactory or invalid results occur (Alabama NBS Coordinator Conference 2009).
5. Perform a quality control inspection of all specimens before mailing them to the NBS lab. At a minimum check for the following:
 - Complete and correct demographic information
 - Complete and correct NBS hearing test information
 - Record who collected the sample
 - Confirm results are received on each specimen submitted

If you believe you are having issues with specimen collection, please contact the NBS State Health Laboratory at 334-260-3400.

Neonatal Screening

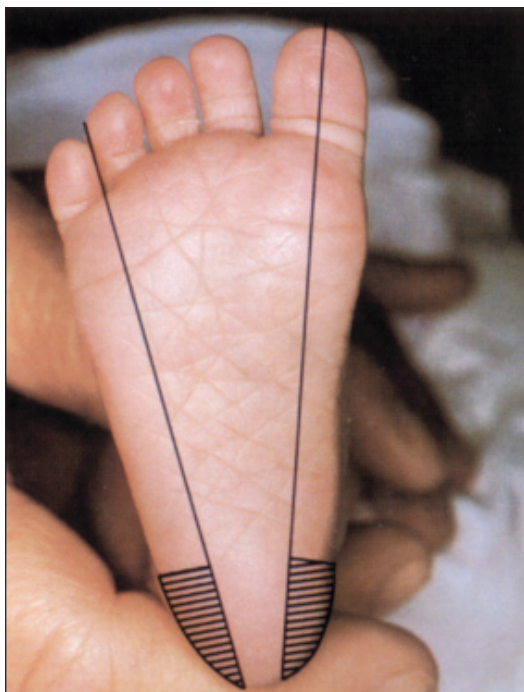
Blood Specimen Collection and Handling Procedure



- 1 Necessary equipment: sterile lancet with tip approximately 2.0 mm, sterile alcohol prep, sterile gauze pads, soft cloth, blood collection form, gloves.



- 2 Complete ALL information. Do not contaminate filter paper circles by allowing the circles to come into contact with spillage or by touching before or after blood collection. Keep "SUBMITTER COPY" if applicable.



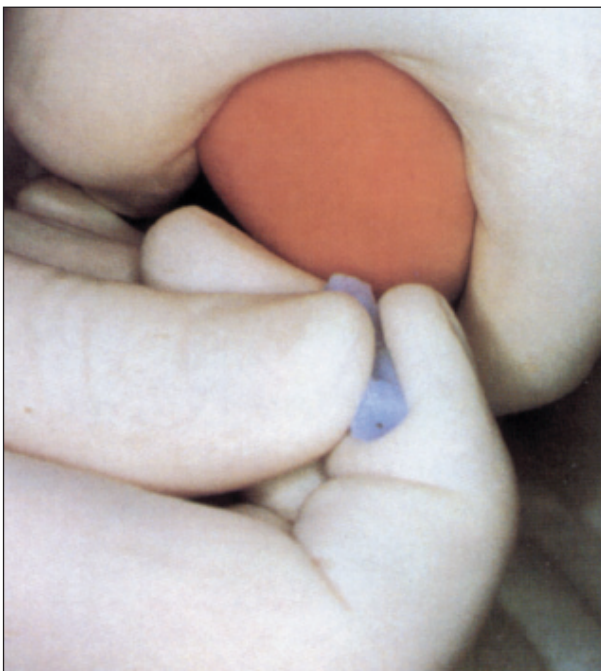
- 3 Hatched area (//) indicates safe areas for puncture site.



- 4 Warm site with soft cloth, moistened with warm water up to 41° C, for three to five minutes.



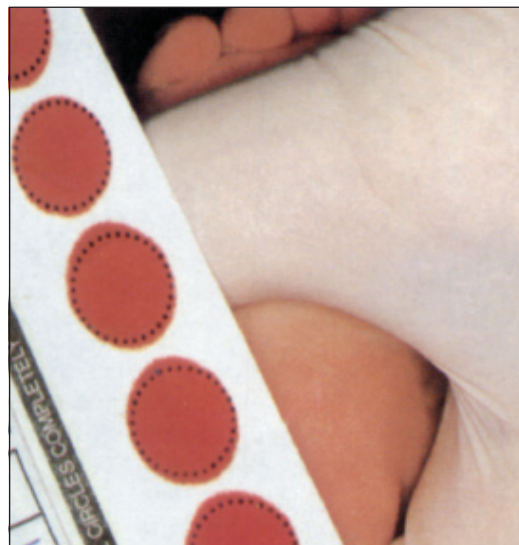
- 5 Cleanse site with alcohol prep. Wipe DRY with sterile gauze pad.



6 Puncture heel. Wipe away first blood drop with sterile gauze pad. Allow another LARGE blood drop to form.



7 Lightly touch filter paper to LARGE blood drop. Allow blood to soak through and completely fill circle with SINGLE application of LARGE blood drop. (To enhance blood flow, VERY GENTLE intermittent pressure may be applied to the area surrounding the puncture site). Apply blood to one side of filter paper only.



8 Fill remaining circles in the same manner as step 7, with successive blood drops. If blood flow is diminished, repeat steps 5 through 7. Care of skin puncture site should be consistent with your institution's procedures.

9 Dry blood spots on a dry, clean, flat, non-absorbent surface for a minimum of four hours.



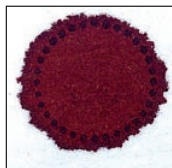
10 Mail completed form to testing laboratory within 24 hours of collection.

Information provided by The New York State Department of Health.

North America – Whatman Inc. • Tel: 1-800-WHATMAN • Tel: 1-973-245-8300 • Fax: 1-973-245-8329 • E-mail: info@whatman.com
 Europe – Whatman International Ltd • Tel: +44 (0) 1622 676670 • Fax: +44 (0) 1622 691425 • E-mail: information@whatman.com
 Japan – Whatman Japan KK • Tel: +81 (0) 3 5215 1240 • Fax: +81 (0) 3 5215 1245 • E-mail: japaninfo@whatman.com
 Asia Pacific – Whatman Asia Pacific Pte Ltd • Tel: +65 6534 0138 • Fax: +65 6534 2166 • E-mail: wap@whatman.com

Simple Spot Check

Valid specimen:

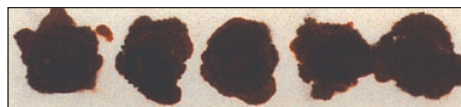


Allow a sufficient quantity of blood to soak through to completely fill the preprinted circle on the filter paper. Fill all required circles with blood. Do not layer successive drops of blood or apply blood more than once in the same collection circle. Avoid touching or smearing spots.

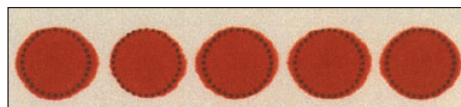
Invalid specimen:



1. Specimen quantity insufficient for testing.



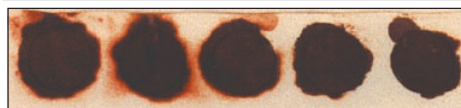
2. Specimen appears scratched or abraded.



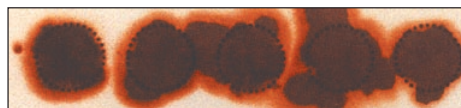
3. Specimen not dry before mailing.



4. Specimen appears supersaturated.



5. Specimen appears diluted, discolored or contaminated.



6. Specimen exhibits serum rings.



7. Specimen appears clotted or layered.



8. No blood.

Possible causes:

- Removing filter paper before blood has completely filled circle or before blood has soaked through to second side.
- Applying blood to filter paper with a capillary tube.
- Allowing filter paper to come into contact with gloved or ungloved hands or substances such as hand lotion or powder, either before or after blood specimen collection.
- Applying blood with a capillary tube or other device.
- Mailing specimen before drying for a minimum of four hours.
- Applying excess blood to filter paper, usually with a device.
- Applying blood to both sides of filter paper.
- Squeezing or "milking" of area surrounding the puncture site.
- Allowing filter paper to come into contact with gloved or ungloved hands or substances such as alcohol, formula, antiseptic solutions, water, hand lotion or powder, etc., either before or after blood specimen collection.
- Exposing blood spots to direct heat.
- Not wiping alcohol from puncture site before making skin puncture.
- Allowing filter paper to come into contact with alcohol, hand lotion, etc.
- Squeezing area surrounding puncture site excessively.
- Drying specimen improperly.
- Applying blood to filter paper with a capillary tube.
- Touching the same circle on filter paper to blood drop several times.
- Filling circle on both sides of filter paper.
- Failure to obtain blood specimen.



BUREAU OF CLINICAL LABORATORIES
SHARON P. MASSINGALE, PH.D., HCLD(ABB) ♦ DIRECTOR



**Alabama Newborn Screening Program
Reorder Form**

In order to assure that you have an adequate supply of newborn screening materials available, complete this form and mail or fax it to the State Health Laboratory at the address below when your stock has reached a **2-4 week** supply.

ALABAMA DEPARTMENT OF PUBLIC HEALTH
Bureau of Clinical Laboratories
Newborn Screening Division
8140 AUM Drive, Zip 36117-7001
P.O. Box 244018, Zip 36124-4018
Montgomery, AL

FAX (334) 260-3439

Name of Hospital or Doctor: _____
Street/Shipping Address **ONLY No P.O. Box:** _____
City, State, and Zip Code: _____
Telephone Number: _____
Signature and Title: _____

Number of "A" (first test) Newborn Screening Kits Requested: _____

*Note "A" forms are sent to Hospitals and Birthing Centers only.

Number of "B" (second test) Newborn Screening Forms Requested: _____

Please indicate the number of newborn infants that you screen per month: _____

NOTE: All orders will be shipped within 5 working days of receipt. Please plan your orders accordingly. We cannot make emergency shipments.



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

BUREAU OF CLINICAL LABORATORIES

SHARON P. MASSINGALE, PH.D., HCLD(ABB) ♦ DIRECTOR

MEMORANDUM

TO: Health Care Providers

FROM: Newborn Screening Division
Bureau of Clinical Laboratories

SUBJECT: Newborn Screening Provider Update

In order to provide more efficient service in providing newborn screening forms we are updating our provider list. It would be of a great assistance to us if you would fill out the following information and return it as soon as possible to:

ALABAMA DEPARTMENT OF PUBLIC HEALTH
Bureau of Clinical Laboratories
Newborn Screening Division
P.O. Box 244018
Montgomery, AL 36124-4018
FAX (334) 260-3439

Thank you for your prompt attention to this matter.

Group or Name of Practice:

Street/Shipping Address **ONLY** No P.O. Box:

City, State, and Zip Code:

Telephone Number:

Approximate Number of Specimens per Month:

NAMES OF **ALL** PHYSICIANS THAT SEND NEWBORN SCREENING SPECIMENS:



Newborn Hearing

The following pages provide information regarding newborn hearing

➤ **Newborn Hearing Screening**

Please see the Newborn Hearing Screening information if there are questions regarding hearing loss and testing methods.

➤ **Guidelines for Pediatric Medical Home Providers**

Please see the hearing screen algorithm for appropriate referral and follow up.

➤ **Audiological Evaluation Form**

Please see the audiological evaluation form to report newborn hearing results for outpatient/diagnostic testing.

➤ **Children's Rehabilitation Service (CRS) Hearing Clinics**

Please see the directory for CRS Hearing Clinics in Alabama to obtain an appointment for newborns who fail the initial hearing screen in the hospital.

Newborn Hearing Screening

What is hearing loss?

There are two main types of hearing loss:

1. Conductive hearing loss – occurs when sound cannot enter into the inner ear. This may be caused by wax buildup, fluid in the ear, or structural abnormalities. It can usually be corrected with medical or surgical intervention.
2. Sensorineural hearing loss – occurs when there is damage to the inner ear. This may be caused by diseases, birth injury, toxic drugs, viruses, or genetic syndromes.

In addition, there are various degrees of hearing loss. They include mild, moderate, severe, and profound hearing loss. It is important to note that milder hearing losses or hearing losses that affect only one ear may not be apparent. Thus, it is important to follow up even though a baby may appear to hear normally.

Why should a baby's hearing be screened?

Statistics show that between one to three newborns per 1000 have some degree of hearing loss. Although these statistics indicate that it is unlikely that a baby will have a hearing loss, if there is one, it is important that you know about it as soon as possible. The first two years of a baby's life are critical for learning speech and language. It is important to diagnose hearing problems early because a hearing loss could affect a baby's speech and language development.

How is the hearing screen performed?

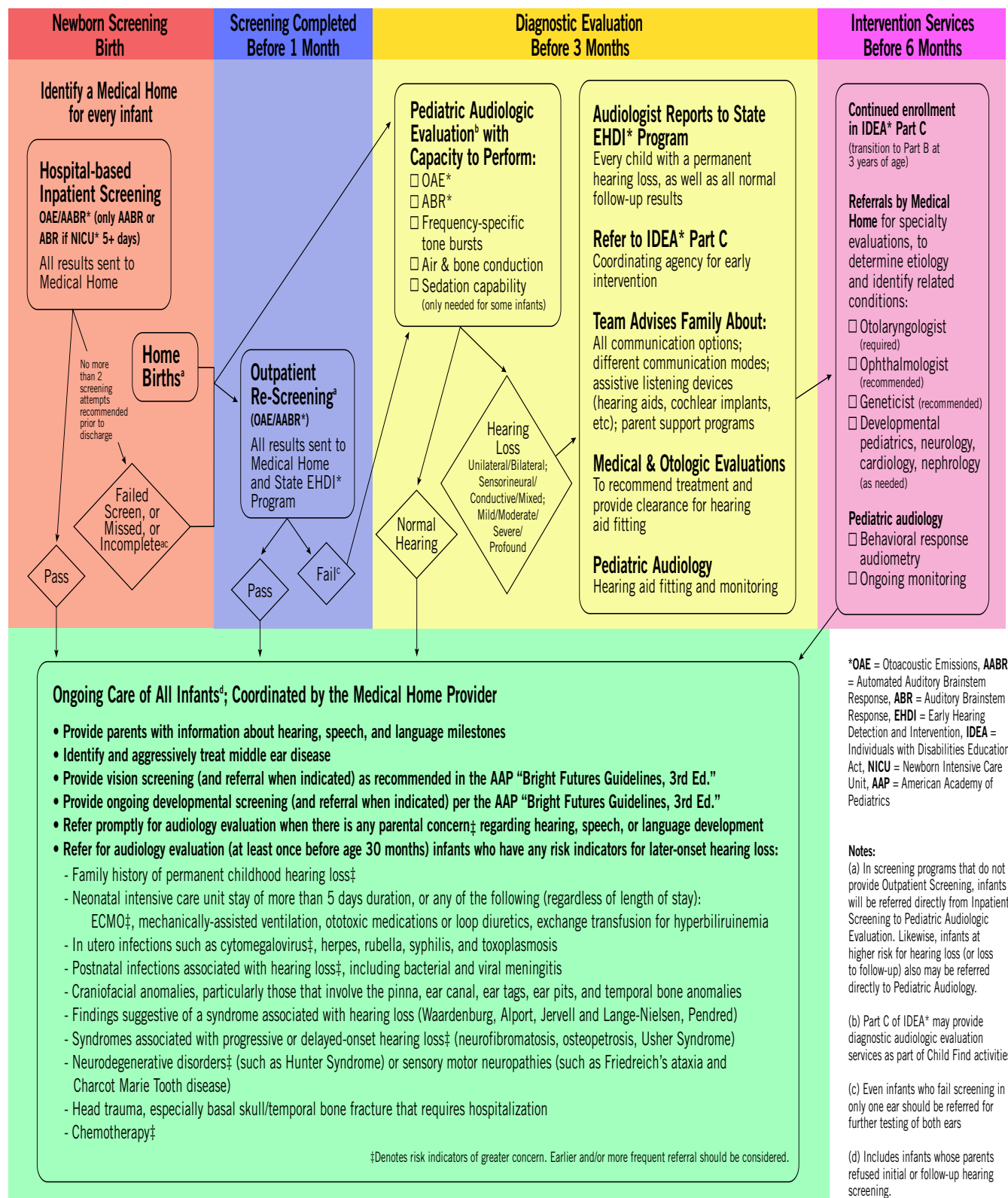
There are two types of screening methods that may be used. Both tests are very safe, take only minutes to perform, and are non-invasive. Most babies sleep through the hearing screening.

1. Auditory Brainstem Response (ABR) – determines the infant's ability to hear soft sounds by inserting miniature earphones and attaching electrodes to measure brain-wave responses to the sound in order to determine if the sounds are heard normally. **This diagnostic testing is recommended for high risk newborns admitted to the NICU greater than five days by the Joint Committee on Infant Hearing (JCIH) and should be completed as a second test method if an infant is initially tested with ABR.**
2. Otoacoustic emissions (OAE) – measures inner ear function by inserting a miniature microphone in the ear canal via a soft probe tip and measuring tones from the ear by sending responses to a special computer.

What if a baby does not pass the hearing screening?

If a baby does not pass the first screening an attempt may be made to repeat the screening before a baby goes home, or it may be scheduled after going home. Different types of hearing tests will be recommended if a baby does not pass the second screening. It is recommended that all testing be completed by 3 months of age, and infants with hearing loss be enrolled in appropriate intervention services as early as possible, but no later than 6 months of age.

Early Hearing Detection and Intervention (EHDI) Guidelines for Pediatric Medical Home Providers





Results Form for Outpatient Screening/Diagnostic Audiological Evaluation

Baby's Name: _____ Date of Birth: _____

Birth Hospital: _____ Medical ID#: _____

Parent or Guardian Contact Information:

Name: _____

Address: _____

Phone: _____

Baby's Primary Care Physician

Name: _____

Address: _____

Phone: _____

Outpatient Screening Facility:

Name: _____

Date of Referral: _____

Address: _____

Phone: _____

Hearing Screening Results Attached:

☐ Yes

☐ No

Results: Right Ear ☐ Pass

☐ Refer

Left Ear ☐ Pass

☐ Refer

Date of Screening: _____

Technology Used: _____

To the Screening Facility: Please complete the reverse side of this form and return to:

Alabama Department of Public Health
Newborn Hearing Screening Program
P.O. Box 303017
Montgomery, Alabama 36130-3017
Phone: (334) 206-2944
Fax: (334) 206-3063

The completed form should be returned as soon as the outpatient hearing screening/initial diagnostic audiological evaluation is completed, but no later than 4 weeks from the date of the referral.

Results of Diagnostic Audiological Evaluation

Results of Audiologic diagnostic evaluation for _____
Name of Child

	Right Ear	Left Ear
Normal Hearing	<input type="checkbox"/>	<input type="checkbox"/>
Conductive Loss	<input type="checkbox"/>	<input type="checkbox"/>
Sensorineural Loss Mild	<input type="checkbox"/>	<input type="checkbox"/>
Moderate	<input type="checkbox"/>	<input type="checkbox"/>
Severe	<input type="checkbox"/>	<input type="checkbox"/>
Profound	<input type="checkbox"/>	<input type="checkbox"/>

Date of evaluation _____

Diagnostic Evaluation Report Attached: Yes No

Comments:

 Signature of Audiologist

 Address

 Phone

**Please return form when initial diagnostic
 audiological evaluation is completed to:**

Alabama Department of Public Health
 Newborn Hearing Screening Program
 P.O. Box 303017
 Montgomery, Alabama 36130-3017
 Phone: (334) 206-2944



Children's Rehabilitation Service (CRS) Office Locations

CRS is part of the Alabama Department of Rehabilitation Services (ADRS). There are multiple sites across the state offering the preferred follow up screening method of AABR. Parents may choose the site that is most convenient for them. **Please see the list below to obtain an appointment for the CRS Hearing Assessment Clinic.** This clinic is for newborns who fail the initial hearing screen. For other hearing providers in Alabama that offer this method of hearing screening or OAE hearing screening, please see our website at www.adph.org/newbornscreening.

Calhoun County – Anniston CRS 1010 Christine Avenue, Suite 250 Anniston, AL 36207 Phone: 256-235-3050 or 1-800-289-9533	Jefferson County - Homewood CRS 234 Goodwin Crest Drive Birmingham, AL 35209 Phone: 205-290-4550 or 1-888-430-7423
Clarke County – Jackson CRS 1506 College Avenue Jackson, AL 36545 Phone: 251-246-4025 or 1-800-283-8140	Lee County – Opelika CRS 516 W. Thomason Circle Opelika, AL 36801 Phone: 334-749-8339 or 1-800-568-8428
Colbert County – Muscle Shoals CRS 1450 E. Avalon Avenue Muscle Shoals, AL 35661 Phone: 256-381-1212 or 1-800-285-9924	Madison County – Huntsville CRS 3000 Johnson Road Huntsville, AL 35805 Phone: 256-650-1701 or 1-800-283-8140
Covington County – Andalusia CRS 1082 Village Square Drive, Suite 2 Andalusia, AL 36420 Phone: 334-222-5558 or 1-800-723-8064	Montgomery County – Montgomery CRS 602 South Lawrence Street Montgomery, AL 36104 Phone: 334-293-7500 or 1-800-568-9034
Dallas County – Selma CRS 2906 Citizens Parkway Selma, AL 36701 Phone: 334-872-8422 or 1-800-967-6876	Mobile County – Mobile CRS 1610 Center Street, Suite A Mobile, AL 36604 Phone: 251-432-4560 or 1-800-879-8163
Etowah County – Gadsden CRS 1100 George Wallace Drive Gadsden, AL 35903 Phone: 256-547-8653 or 1-800-289-1353	Talladega County – Talladega CRS 7 Bemiston Avenue Talladega, AL 35160 Phone: 256-362-9254 or 1-800-947-7140
Houston County – Dothan CRS 795 Ross Clark Circle NE Dothan, AL 36303 Phone: 334-699-6600 or 1-800-677-9123	Tuscaloosa County – Tuscaloosa CRS 1110 Sixth Avenue East Tuscaloosa, AL 35401 Phone: 205-759-1279 or 1-800-723-0490



Resources

The following pages provide local resources to help you in choosing appropriate follow-up services

➤ **Alabama County Health Departments**

Not all county health departments perform newborn screens. Please see the Alabama County Health Department Clinic Directory for a list of health department clinics that offer newborn screening.

➤ **Alabama Early Intervention System (AEIS)**

AEIS Child Find is Alabama's statewide effort to locate, identify and evaluate children 0-3 years of age that may have special needs and may benefit from supports and services. Please see the information provided on AEIS to make a referral if needed.

➤ **Children's Rehabilitation Service (CRS)**

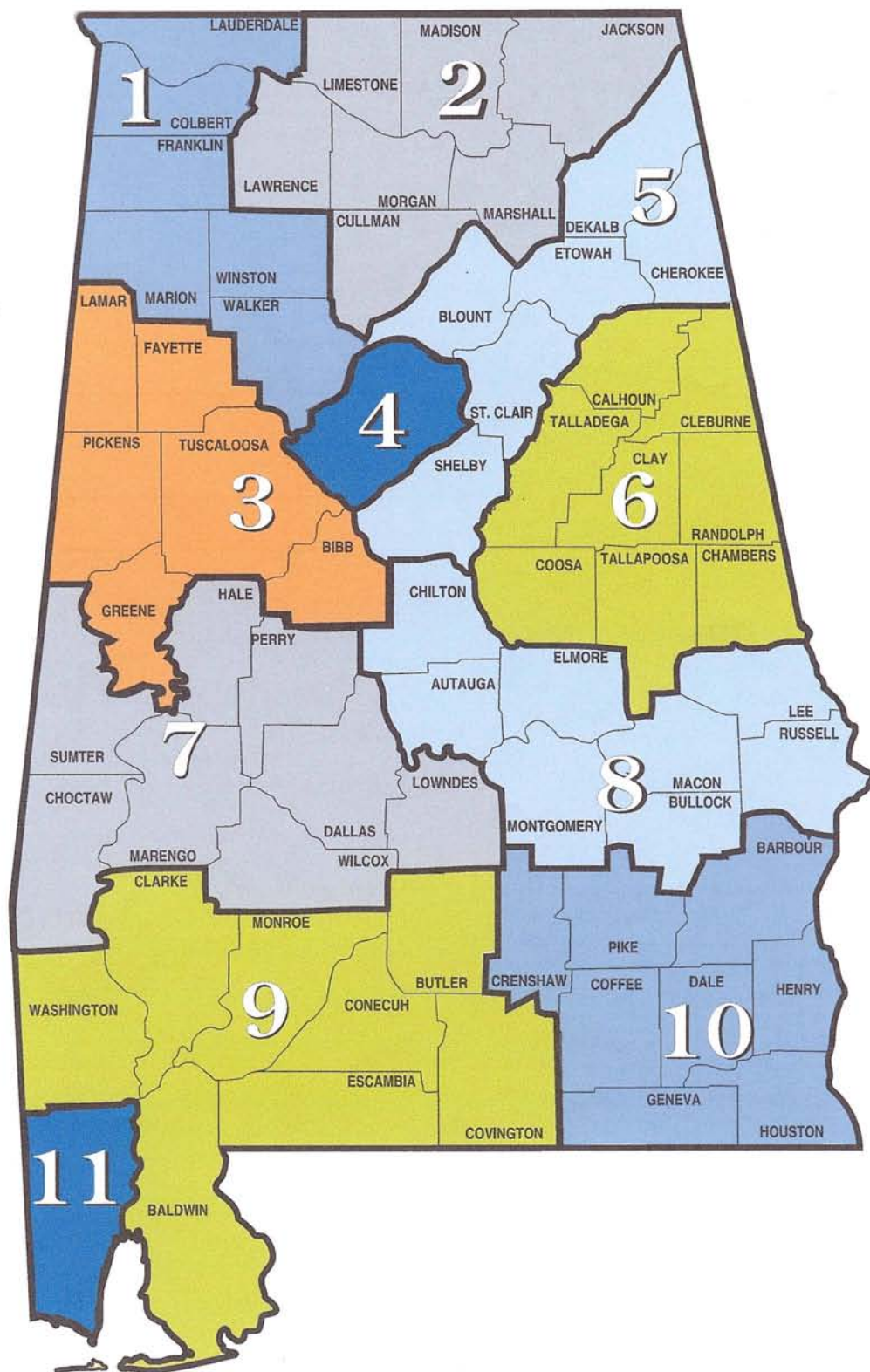
CRS offers specialty clinics such as hearing clinics to anyone younger than 21 years of age who is a resident of Alabama and has a special health care need. CRS staff members also work closely with local school systems to enable children with special health care needs to participate fully in school.

➤ **Community-Based Sickle Cell Organizations (CBSCO)**

CBSCO offer additional testing and counseling services aimed at educating sickle cell patients and their families about sickle cell disease. Please see the directory of local sickle cell organizations to make a referral if needed.

PUBLIC HEALTH AREA MAP

- PHA 1**
Karen Landers, M.D., Area Health Officer
Don Cardwell, Area Administrator
Box 929, Tuscumbia, AL 35674-0929
(256) 383-1231
- PHA 2**
Judy Smith, Area Administrator
Box 1628, Decatur, AL 35602-1628
(256) 340-2113
- PHA 3**
Albert T. White, Jr., M.D., Area Health Officer
Tammy Yager, Area Administrator
Box 70190, Tuscaloosa, AL 35407
(205) 554-4500
- PHA 4**
Michael Fleenor, M.D., Area Health Officer
Gwen Veras, Area Administrator
Box 2648, Birmingham, AL 35202-2648
(205) 930-1500
- PHA 5**
Mary Gomillion, Area Administrator
Box 267, Centre, AL 35960
(256) 927-7000
- PHA 6**
Mary Gomillion
Area Administrator
818 Leighton Ave., Anniston, AL 36207
(256) 237-1896
- PHA 7**
Jackie Holliday, Area Administrator
Box 480280, Linden, AL 36748-0280
(334) 295-1000
- PHA 8**
James Martin, Area Administrator
2500 Fairlane Dr., Bldg. 2, Ste. 200
Montgomery, AL 36116
(334) 277-8464
- PHA 9**
Ruth Underwood, Area Administrator
Box 1227 Robertsedale, AL 36567
(251) 947-6206
- PHA 10**
Peggy Blakeney, Area Administrator
Drawer 2087, Dothan, AL 36301
(334) 792-9070
- PHA 11**
Bernard H. Eichold, II, M.D.
Area Health Officer
Box 2867, Mobile, AL 36652-2867
(251) 690-8827





Alabama County Health Department Clinic Directory

PHA 1	Winston County* Franklin County* Walker County* Colbert County Lauderdale County Marion County	205-489-2101 205-332-2700 205-221-9775 256-383-1231 256-764-7453 205-921-3118	PHA 7	Wilcox County* Choctaw County Dallas County Hale County Lowndes County Marengo County Perry County Sumter County	334-682-4515 205-459-4026 334-874-2550 334-624-3018 334-548-2564 334-295-4205 334-683-6153 205-652-7972
PHA 2	Madison County* Cullman County** Marshall County** Jackson County Lawrence County Limestone County Morgan County	256-539-3711 256-734-1030 256-582-3174 256-259-4161 256-974-1141 256-232-3200 256-353-7021	PHA 8	Chilton County* Autauga County Bullock County Elmore County Lee County Macon County Montgomery County Russell County	205-755-1287 334-361-3743 334-738-3030 334-567-1171 334-745-5765 334-727-1800 334-293-6400 334-297-0251
PHA 3	Lamar County** Greene County** Bibb County Fayette County Pickens County Tuscaloosa County	205-695-9195 205-372-9361 205-926-9702 205-932-5260 205-367-8157 205-562-6900	PHA 9	Butler County* Baldwin County Clarke County Conecuh County Covington County Escambia County Monroe County Washington County	334-382-3154 251-947-1910 251-275-3772 251-578-1952 334-222-1175 251-867-5765 251-575-3109 251-847-2245
PHA 4	Jefferson County*: Bessemer Health Center Central Health Center West End Health Center Eastern Health Center Morris Health Center Western Health Center	205-497-9300 205-933-9110 205-715-6121 205-591-5180 205-933-4242 205-788-3321	PHA 10	Henry County* Geneva County* Barbour County Coffee County Crenshaw County Dale County Houston County Pike County	334-585-2660 334-684-2259 334-687-4808 334-347-9574 334-335-2471 334-774-5146 334-678-2800 334-566-2860
PHA 5	Blount County Cherokee County DeKalb County Etowah County St. Clair County Shelby County	205-274-2120 256-927-3132 256-845-1931 256-547-6311 205-338-3357 205-664-2470	PHA 11	Mobile County*: Keeler, Main Site Semmes Clinic Calcedaever Clinic Citronelle Clinic Eight Mile Clinic Newburn Clinic Mount Vernon Clinic	251-690-8158 251-445-0582 251-829-9884 251-866-9126 251-456-1399 251-405-4525 251-829-4882
PHA 6	Clay County** Randolph County* Calhoun County Chambers County Cleburne County Coosa County Talladega County Tallapoosa County	256-396-6421 334-863-8981 256-237-7523 334-756-0758 256-463-2296 256-377-4364 256-362-2593 256-329-0531	<p>*performs newborn screenings **performs occasionally</p> <p>Some HD have EPSDT MOUs with local physicians to perform screens for them.</p>		



What is

Alabama's Early Intervention System for Infants and Toddlers With Disabilities and Their Families?



What is Early Intervention?

Early intervention is a coordinated, family-focused system of resource access, supports and services for eligible infants and toddlers, ages birth to 3 years who have developmental delays. Alabama's Early Intervention System (AEIS) is a statewide system that offers eligible families the opportunity to receive appropriate services, including assistive technology, audiology, family therapy, nursing, nutrition, occupational therapy, psychological services, service coordination, special instruction, social work, speech language pathology, medical services, transportation, vision and health services, and physical therapy.

The Alabama Early Intervention System is supported by federal, state and private funding sources. Services for eligible children are provided in natural environments and in the family's community.



What is Developmental Delay?

The term *developmental delay* means that a child is not growing as expected, physically and/or mentally. For example, infants and toddlers may be delayed in walking, talking, speaking, learning or understanding.

When a child has a developmental delay, it can affect the whole family, and parents may face uncertainty about their child's future. Alabama's Early Intervention System helps families learn about resources, supports and services that are available and how to care for the child who has special needs.



How Does Alabama's Early Intervention System Work?

The Alabama Early Intervention System is a statewide effort of many parents and service providers. *Providers* may work in hospitals, daycare centers, state agencies, clinics or special programs. They may be nurses, doctors, social workers, nutritionists, teachers, service coordinators or others who are concerned about a child's development and want to help both the child and his or her family.

State agencies in Alabama that are directly involved in Alabama's Early Intervention System include Alabama Department of Public Health, Children's Rehabilitation Service, Alabama Headstart, Department of Mental Health/Mental Retardation, Alabama Institute for Deaf and Blind, Alabama Medicaid Agency, Alabama Insurance Department, Department of Transportation, Department of Human Resources, and the State Department of Education.

All of these agencies work together with the lead agency, the Alabama Department of Rehabilitation Services, and with other service providers and families to establish and coordinate the statewide system. The agency heads, their support personnel and others meet often to advise and assist the lead agency through the Governor's Interagency Coordinating Council. This council meets quarterly in Montgomery, and all who are interested are welcome to attend.



How Does the Early Intervention System Work in Your Community?

In Alabama, parents and other family members of infants and toddlers with developmental delays are directly involved with the service providers in the care of their young child. Parents and family members may also become involved with groups called *district coordinating councils*, where interested individuals meet to get to know each other, to share information about resources and specific services within their own community, and to learn more about the statewide Early Intervention System. Coordination within the council and community can help families understand what resources are available for their family and meet other parents who may have similar interests.

Alabama's Early Intervention System provides evaluation and assessment to identify early intervention supports and services for a particular child and family. Once the child has been evaluated and is found to be eligible, service providers, including a service coordinator, help the family develop an Individualized Family Service Plan (IFSP) that describes what supports and services are appropriate. Services that are outlined on the IFSP can be provided to the child and family in the family's home, at a daycare center or in other natural environments within the family's community.



What is AEIS Child Find?

Child Find is Alabama's statewide effort to locate, identify and evaluate children who may have special needs and may benefit from supports and services. **Anyone may receive referral information or find out about available resources for infants and toddlers ages birth to 3 years by calling the toll-free AEIS Child Find number 1-800-543-3098. For children over 3, contact your local school system or the State Department of Education.**

To begin the process, family members who contact AEIS Child Find will be asked a few simple questions:

- What is the child's name, birth date and social security number?
- What is the name, phone number and address of the parent or guardian?
- What is your name, phone number and address?
- What is the reason for calling Child Find?

Many parents call Child Find, but some choose to ask a service provider they already know to make the call.



How Can Families and Providers Learn More About Alabama's Early Intervention System?

Throughout Alabama, district early intervention coordinators and community organizations work to reach more parents, family members and service providers. For more information, call the toll-free number, 1-800-543-3098. Web access is also available at www.rehab.state.al.us.

For more information contact:
Alabama's Early Intervention System
Alabama Department of Rehabilitation Services

602 South Lawrence Street

Montgomery, AL 36104

(334) 293-7500 • 1-800-543-3098 • TTY 1-800-499-1816

Fax: 334-293-7393

www.rehab.state.al.us



Alabama Early Intervention System

Child Find Referral Form

1-800-543-3098

En Espanol: 1-866-450-2838

Child Find Fax # (334) 293-7393

www.rehab.state.al.us/ei

INFANT/TODDLER INFORMATION



1. SSN#: _____ 2. Date of Birth: _____ 3. Sex: _____
4. Last Name: _____ First Name: _____ MI/Name: _____
5. Is your child of Hispanic or Latino origin? Y _____ N _____ 6. Child's Primary Race: _____
- If Primary Race is Two or More Races: ☐ Hispanic/Latino ☐ American Indian/Alaska Native ☐ Asian
(Mark appropriate boxes) ☐ Black/African American ☐ Hawaiian/Pacific Islander ☐ White
7. Home Language: _____ 8. Medicaid: Y _____ N _____ Medicaid # _____
9. Insurance: Y _____ N _____ 10. CHIP Y _____ N _____

CHILD RELATION INFORMATION

11. First Name: _____ Last Name: _____ MI: _____
12. Relation Type: _____ 13. Is this Primary relation? Y ___ N ___ 14. Is address same as child? Y ___ N ___
15. Mailing Address: _____
- City/State/Zip: _____ 16. County: _____
17. Physical Address: _____
- City/State/Zip: _____ 18. County: _____
19. Home Phone: () _____ 20. Alternate Phones: () _____
- () _____ Ext #: _____

REFERRAL SOURCE INFORMATION

21. Person making referral: _____ 22. Referral Source: _____
23. County: _____ 24. Phone: _____ 25. Fax: _____
26. Reason for referral: _____
27. How family became aware of Child Find: _____ Additional Information: _____
- Refer to Service Coordinator/Caseload ID #: _____
- Date Mailed/Faxed to Child Find: _____ Sender's Name/Phone #: _____

INCOMPLETE REFERRALS WILL NOT BE ACCEPTED (FILL IN ALL REQUIRED BLANKS)

BELOW - STATE OFFICE USE ONLY

Referral taken by: _____ Date taken: _____ Processed by: _____ Official referral/entry date: _____

* Mail to: ADRS/EI, 602 S. Lawrence St., Montgomery, AL 36104 ** Child Find Fax Number: 334-293-7393

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Alabama Early Intervention System – Code Info Sheet

REQUIRED

Question # 5 – Is your child of Hispanic/Latino origin? (Must answer Yes or No)

Question #6 – Child's Primary Race

- **American Indian or Alaska Native** – A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment. (Does not include persons of Hispanic/Latino ethnicity)
- **Asian** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or Indian subcontinent. This includes for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam. (Does not include persons of Hispanic/Latino ethnicity)
- **Black or African American** – A person having origins in any of the Black racial groups of Africa. (Does not include persons of Hispanic/Latino ethnicity)
- **Hispanic or Latino** – A person Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- **Native Hawaiian or Other Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. (Does not include persons of Hispanic/Latino ethnicity)
- **White** – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa. (Does not include persons of Hispanic/Latino ethnicity)
- **Two or More Races** – A person having origins in two or more of the six race categories listed immediately above. (Does not include persons of Hispanic/Latino ethnicity)

Question #7 – Child's Home Language

1 – American Sign Language 2 – Spanish 3 – Asian 4 – English 5 – Other

Question # 8 – Medicaid: If you know the Medicaid #, please insert in provided space.

Question # 12 – Relation Type – Refers to the person that the child is residing with. (Example: Mother)

Question #27 – How Family Became Aware of Child Find

1 – Agency 2 – APC Parenting Kit 3 – Child Care 4 – Therapist 5 – Doctor 6 – EI Programs
7 – Web Site 8 – Relative/Friend 9 – High Risk 10 – PA Materials 11 – Media 12 – Healthy Child Care
AL 13 – Hospital 14 – SSA 15 – EI in Other State 16 – Parent (Child in EI before)
17 – EI Recipient's Family 18- Dev. Follow-Up Clinic 19 – Interpreter
20 – Certified Registered Nurse Practitioner 21 – PAL (Parenting Assistance Line) 22 – Other

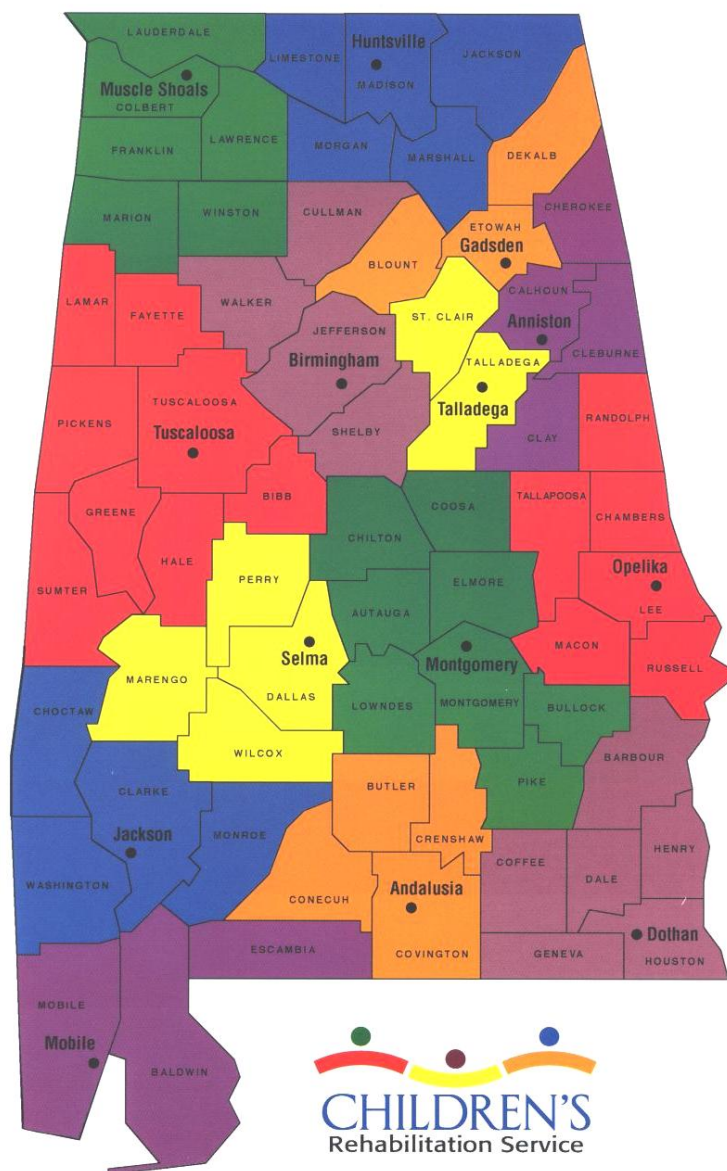
Question #16, #18, and #23 – County Code

01 Autauga	22 Cullman	43 Lowndes	64 Walker
02 Baldwin	23 Dale	44 Macon	65 Washington
03 Barbour	24 Dallas	45 Madison	66 Wilcox
04 Bibb	25 DeKalb	46 Marengo	67 Winston
05 Blount	26 Elmore	47 Marion	
06 Bullock	27 Escambia	48 Marshall	
07 Butler	28 Etowah	49 Mobile	
08 Calhoun	29 Fayette	50 Monroe	
09 Chambers	30 Franklin	51 Montgomery	
10 Cherokee	31 Geneva	52 Morgan	
11 Chilton	32 Greene	53 Perry	
12 Choctaw	33 Hale	54 Pickens	
13 Clarke	34 Henry	55 Pike	
14 Clay	35 Houston	56 Randolph	
15 Cleburne	36 Jackson	57 Russell	
16 Coffee	37 Jefferson	58 Saint Clair	
17 Colbert	38 Lamar	59 Shelby	
18 Conecuh	39 Lauderdale	60 Sumter	
19 Coosa	40 Lawrence	61 Talladega	
20 Covington	41 Lee	62 Tallapoosa	
21 Crenshaw	42 Limestone	63 Tuscaloosa	

YOU MAY WRITE THE WORDS INSTEAD OF CODE NUMBERS!

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Children's Rehabilitation Service Office Locations



a division of the Alabama Department of Rehabilitation Services



Children's Rehabilitation Service (CRS) Office Locations

Any Child or adolescent younger than 21 years of age who is a resident of Alabama and has a special health care need is eligible for CRS. CRS provides specialty medical services to include medical clinics, evaluation clinics, medication, equipment, therapies, hospitalizations, and surgeries as well as support for families.

Calhoun County – Anniston CRS 1010 Christine Avenue, Suite 250 Anniston, AL 36207 Phone: 256-235-3050 or 1-800-289-9533	Jefferson County - Homewood CRS 234 Goodwin Crest Drive Birmingham, AL 35209 Phone: 205-290-4550 or 1-888-430-7423
Clarke County – Jackson CRS 1506 College Avenue Jackson, AL 36545 Phone: 251-246-4025 or 1-800-283-8140	Lee County – Opelika CRS 516 W. Thomason Circle Opelika, AL 36801 Phone: 334-749-8339 or 1-800-568-8428
Colbert County – Muscle Shoals CRS 1450 E. Avalon Avenue Muscle Shoals, AL 35661 Phone: 256-381-1212 or 1-800-285-9924	Madison County – Huntsville CRS 3000 Johnson Road Huntsville, AL 35805 Phone: 256-650-1701 or 1-800-283-8140
Covington County – Andalusia CRS 1082 Village Square Drive, Suite 2 Andalusia, AL 36420 Phone: 334-222-5558 or 1-800-723-8064	Montgomery County – Montgomery CRS 602 South Lawrence Street Montgomery, AL 36104 Phone: 334-293-7500 or 1-800-568-9034
Dallas County – Selma CRS 2906 Citizens Parkway Selma, AL 36701 Phone: 334-872-8422 or 1-800-967-6876	Mobile County – Mobile CRS 1610 Center Street, Suite A Mobile, AL 36604 Phone: 251-432-4560 or 1-800-879-8163
Etowah County – Gadsden CRS 1100 George Wallace Drive Gadsden, AL 35903 Phone: 256-547-8653 or 1-800-289-1353	Talladega County – Talladega CRS 7 Bemiston Avenue Talladega, AL 35160 Phone: 256-362-9254 or 1-800-947-7140
Houston County – Dothan CRS 795 Ross Clark Circle NE Dothan, AL 36303 Phone: 334-699-6600 or 1-800-677-9123	Tuscaloosa County – Tuscaloosa CRS 1110 Sixth Avenue East Tuscaloosa, AL 35401 Phone: 205-759-1279 or 1-800-723-0490

Alabama Community-Based Sick Cell Organizations

NBS encourages a referral to one of the local Community-Based Sick Cell Organizations if an infant is identified with Sick Cell Trait or Disease.

Organization	Contacts	Address & Phone	Counties
Sickle Cell Disease Association of America Central Alabama Chapter Service Area I	Claudette Stallworth <u>Executive Director</u> Ms. Sharon Lewis	3813 Avenue I Ensley Birmingham, AL 35218 205-780-2355 Fax: 205-780-2368	Blount, Calhoun, Cherokee, Clay, Cleburne, Cullman, Etowah, Jefferson, Randolph, Shelby, St. Clair, Talladega, Walker
Sickle Cell Disease Association of America West Alabama Chapter Service Area II	Betty Bagby <u>Executive Director</u> Dr. B.L. Winston	P.O. Box 3151 Tuscaloosa, AL 35403 205-758-1761 Fax: 205-758-1781	Fayette, Green, Hale, Lamar, Marion, Pickens, Sumter, Tuscaloosa, Winston
Tri-County Sick Cell Anemia Association, Inc. Service Area III	Mamie Danzey <u>Executive Director</u> Ms. Margaret Bolling	P.O. Box 3151 Selma, AL 36701 334-872-9362 Fax: 334-872-9383	Bibb, Chilton, Coosa, Dallas, Marengo, Perry, Wilcox
Sickle Cell Foundation of Greater Montgomery, Inc. Service Area IV	<u>Executive Director</u> Mr. Willie Owens	3180 US Highway 80 West P.O. Box 9278 Montgomery, AL 36087 334-286-9122	Autauga, Butler, Chambers, Coffee, Crenshaw, Elmore, Lowndes, Montgomery, Tallapoosa
Southeast Alabama Sick Cell Association Service Area V	<u>Executive Director</u> Wendy Morgan	P.O. Box 1079 Tuskegee, AL 36087 334-727-6120	Barbour, Bullock, Dale, Geneva, Henry, Houston, Lee, Macon, Pike, Russell
Sickle Cell Disease Association of America Mobile Chapter, Inc. Service Area VI	Pam Ware <u>Executive Director</u> Ms. Nichelle Williams	P.O. Box 40696 1453 Springhill Avenue Mobile, AL 36604 251-432-0301	Baldwin, Choctaw, Clarke, Conecuh, Covington, Escambia, Mobile, Monroe, Washington
North Alabama Sick Cell Foundation, Inc. Service Area VII	McAuthor Johnson <u>Executive Director</u> Mr. E.C. Rentz	P.O. Box 813 Huntsville, AL 35804 256-536-2723	Colbert, Dekalb, Franklin, Jackson, Lauderdale, Lawrence, Limestone, Madison, Marshall, Morgan



Alabama Newborn Screening Program
P.O. Box 303017
201 Monroe Street
RSA Tower – Suite 1350
Montgomery, AL 36130-3017

www.adph.org/newbornscreening/