<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Metabolic and Hemoglobinopathies Follow-Up</th>
<th>PH:</th>
<th>FX:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cindy Ashley, RN, C, BSN</td>
<td>Newborn Screening Director</td>
<td></td>
<td>334-206-2971 or 1-866-928-6755</td>
<td>334-206-3063</td>
</tr>
<tr>
<td>Amy Strickland, Au. D.,CCC-A</td>
<td>Newborn Hearing Screening Coordinator</td>
<td></td>
<td>334-206-2944 or 1-866-928-6755</td>
<td>334-206-3063</td>
</tr>
<tr>
<td>Rachael Montgomery, RN, BSN</td>
<td>Newborn Screening Follow-up Coordinator</td>
<td>Cystic Fibrosis, Endocrine, and Metabolic Disorders</td>
<td>334-206-5955 or 1-866-928-6755</td>
<td>334-206-3063</td>
</tr>
<tr>
<td>Abbey Snead, RN</td>
<td>Newborn Screening Nurse Educator</td>
<td></td>
<td>334-206-3012 or 1-866-928-6755</td>
<td>334-206-3063</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>PH:</th>
<th>FX:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Melissa Richardson, MS, CCC-A</td>
<td>Newborn Screening Audiology Consultant</td>
<td>334-206-2911 or 1-866-928-6755</td>
<td>334-206-3063</td>
</tr>
<tr>
<td>Wendy Caraway</td>
<td>Newborn Screening Administrative Assistant</td>
<td>334-206-7065 or 1-866-928-6755</td>
<td>334-206-3063</td>
</tr>
<tr>
<td>Tamika Shepherd</td>
<td>Newborn Hearing Screening Administrative Assistant</td>
<td>334-206-2980 or 1-866-928-6755</td>
<td>334-206-3063</td>
</tr>
</tbody>
</table>

Mailing Address:
Alabama Department of Public Health
Newborn Screening Program
P.O. Box 303017
201 Monroe Street
The RSA Tower-Suite 1350
Montgomery, AL 36130-3017
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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.

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 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: $TSH \geq 60$ and $CAH \geq 150$

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.

<table>
<thead>
<tr>
<th>Disorders:</th>
<th>Specialists:</th>
</tr>
</thead>
</table>
| **Endocrine** | 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** | 1. USA Sickle Cell Center  
Felicia Wilson, MD 251-405-5147  
Stephanie Durgin, RN 251-415-5172  
2. Children’s Hospital, Pediatric Hematology  
Thomas Howard, MD 205-939-9285  
Sharon Carlton, RN |
|  
**Cystic Fibrosis** | 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 205-995-5494 |
|  
**Metabolic** | 1. UAB Genetics  
S. Lane Rutledge, MD 205-975-6867  
Maria Descartes, MD 205-934-1154  
Alicia Roberts, RD 205-996-6983 |

<table>
<thead>
<tr>
<th>Disorders:</th>
<th>Specialists:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Amino Acid Disorders:</strong></td>
<td></td>
</tr>
</tbody>
</table>
- argininosuccinic acidemia  
- citrullinemia  
- homocystinemia  
- maple syrup urine disease  
- phenylketonuria (PKU) |
| **Fatty Acid Oxidation Disorders:** |  
- 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:** |  
- beta-ketothiolase deficiency  
- glutaric acidemia  
- isovaleric acidemia  
- methylmalonic acidemia  
- propionic acidemia  
- 3-methylcrotonyl-CoA carboxylase deficiency |
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/](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.

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.
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
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.

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

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
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
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:

<table>
<thead>
<tr>
<th><strong>First Test (&quot;A&quot; form)</strong> – <strong>This specimen is tested for Hypothyroidism, CAH, Cystic Fibrosis, Galactosemia, Hemoglobinopathies, Biotinidase Deficiency, Amino Acid Disorders, Fatty Acid Disorders, and Organic Acid Disorders.</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Full Term Infants</strong></td>
</tr>
<tr>
<td><strong>Home Births</strong></td>
</tr>
<tr>
<td><strong>Extended Hospital Stay</strong> (low birth weight/sick infants)</td>
</tr>
<tr>
<td><strong>Transitioning Infants</strong></td>
</tr>
<tr>
<td><strong>Dying Infants</strong></td>
</tr>
<tr>
<td><strong>Older Infants</strong></td>
</tr>
</tbody>
</table>

### 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. |
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.

Second Test (“B” form) – This specimen is tested for Hypothyroidism, CAH, Amino Acid Disorders, Fatty Acid Disorders, Organic Acid Disorders, Cystic Fibrosis, Biotinidase, and Galactosemia. 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.

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.

Requested Repeat (“B” form)
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

Materials needed for Blood Collection:
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

Bleeding Procedure:
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.
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 | **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 transfusion 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. *Mother’s social security number should be entered accurately.* 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.*
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 (Alabama NBS 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.
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 (marked lines) 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.
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:  Possible causes:

1. Specimen quantity insufficient for testing. • Removing filter paper before blood has completely filled circle or before blood has soaked through to second side.

2. Specimen appears scratched or abraded. • Applying blood with a capillary tube or other device.

3. Specimen not dry before mailing. • Mailing specimen before drying for a minimum of four hours.

4. Specimen appears supersaturated. • Applying excess blood to filter paper, usually with a device.

5. Specimen appears diluted, discolored or contaminated. • Applying blood to both sides of filter paper.

6. Specimen exhibits serum rings. • Squeezing or “milking” of area surrounding the puncture site.

7. Specimen appears clotted or layered. • 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.

8. No blood. • 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.
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.
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

## Newborn Screening

<table>
<thead>
<tr>
<th>Birth</th>
<th>Before 1 Month</th>
<th>Before 3 Months</th>
<th>Before 6 Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify a Medical Home for every infant</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital-based Inpatient Screening</td>
<td>OAE/AABR* (only AABR or ABR if NICU* 5+ days)</td>
<td>All results sent to Medical Home</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>No more than 2 screening attempts recommended prior to discharge</td>
<td></td>
</tr>
</tbody>
</table>

## Screening Completed

<table>
<thead>
<tr>
<th>Home Birtha</th>
<th>Outpatient Re-Screeningb (OAE/AABR*)</th>
<th>All results sent to Medical Home and State EHDI* Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pass</td>
<td>Normal Hearing</td>
<td></td>
</tr>
<tr>
<td>Fail</td>
<td>Hearing Loss</td>
<td></td>
</tr>
<tr>
<td>Ultra/Unilateral</td>
<td>Sensorineural/Conductive/Mixed</td>
<td>Mild/Moderate/Severe/Profound</td>
</tr>
<tr>
<td>OAE*</td>
<td>ABR*</td>
<td>Frequency-specific tone bursts</td>
</tr>
<tr>
<td>Air &amp; bone conduction</td>
<td>Sedation capability</td>
<td>(only needed for some infants)</td>
</tr>
</tbody>
</table>

## Diagnostic Evaluation

<table>
<thead>
<tr>
<th>Pediatric Audiologic Evaluationc with Capacity to Perform:</th>
<th>Audiologist Reports to State EHDI* Program</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Every child with a permanent hearing loss, as well as all normal follow-up results</td>
</tr>
<tr>
<td></td>
<td>Refer to IDEA* Part C Coordinating agency for early intervention</td>
</tr>
<tr>
<td></td>
<td>Team Advises Family About:</td>
</tr>
<tr>
<td></td>
<td>All communication options; different communication modes; assistive listening devices (hearing aids, cochlear implants, etc); parent support programs</td>
</tr>
<tr>
<td></td>
<td>Medical &amp; Otologic Evaluations To recommend treatment and provide clearance for hearing aid fitting</td>
</tr>
<tr>
<td></td>
<td>Pediatric Audiology Hearing aid fitting and monitoring</td>
</tr>
</tbody>
</table>

## Intervention Services

<table>
<thead>
<tr>
<th>Continued enrollment in IDEA* Part C (transition to Part B at 3 years of age)</th>
</tr>
</thead>
<tbody>
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## Ongoing Care of All Infants; Coordinated by the Medical Home Provider

- Provide parents with information about hearing, speech, and language milestones
- Identify and aggressively treat middle ear disease
- Provide vision screening (and referral when indicated) as recommended in the AAP “Bright Futures Guidelines, 3rd Ed.”
- Provide ongoing developmental screening (and referral when indicated) per the AAP “Bright Futures Guidelines, 3rd Ed.”
- Refer promptly for audiology evaluation when there is any parental concern regarding hearing, speech, or language development
- Refer for audiology evaluation (at least once before age 30 months) infants who have any risk indicators for later-onset hearing loss:
  - Family history of permanent childhood hearing loss
  - Neonatal intensive care unit stay of more than 5 days duration, or any of the following (regardless of length of stay):
    - ECMO, mechanically-assisted ventilation, ototoxic medications or loop diuretics, exchange transfusion for hyperbilirubinemia
    - In utero infections such as cytomegalovirus, herpes, rubella, syphilis, and toxoplasmosis
    - Postnatal infections associated with hearing loss

## Notes:

(a) In screening programs that do not provide Outpatient Screening, infants will be referred directly from Inpatient Screening to Pediatric Audiologic Evaluation. Likewise, infants at higher risk for hearing loss (or loss to follow-up) also may be referred directly to Pediatric Audiology.

(b) Part C of IDEA* may provide diagnostic audiologic evaluation services as part of Child Find activities.

(c) Even infants who fail screening in only one ear should be referred for further testing of both ears.

(d) Includes infants whose parents refused initial or follow-up hearing screening.


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February 2010 - American Academy of Pediatrics Task Force for Improving Newborn Hearing Screening, Diagnosis and Intervention (www.medicalhomeinfo.org)
Results Form for Outpatient Screening/Diagnostic Audiological Evaluation

Baby's Name: ___________________________ Date of Birth: ____________

Birthing Hospital: ___________________________ Medical ID#: ____________

Parent or Guardian Contact Information: Baby's Primary Care Physician

Name: ___________________________
Address: ___________________________

____________________________________
Phone: ___________________________

Outpatient Screening Facility:

Name: ___________________________
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

<table>
<thead>
<tr>
<th></th>
<th>Right Ear</th>
<th>Left Ear</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal Hearing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Conductive Loss</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sensorineural Loss Mild</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moderate</td>
<td></td>
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<tr>
<td>Severe</td>
<td></td>
<td></td>
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<tr>
<td>Profound</td>
<td></td>
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</tbody>
</table>

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. |

<table>
<thead>
<tr>
<th>Calhoun County – Anniston CRS</th>
<th>Jefferson County - Homewood CRS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1010 Christine Avenue, Suite 250</td>
<td>234 Goodwin Crest Drive</td>
</tr>
<tr>
<td>Anniston, AL  36207</td>
<td>Birmingham, AL  35209</td>
</tr>
<tr>
<td>Phone:  256-235-3050 or 1-800-289-9533</td>
<td>Phone:  205-290-4550 or 1-888-430-7423</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Clarke County – Jackson CRS</th>
<th>Lee County – Opelika CRS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1506 College Avenue</td>
<td>516 W. Thomason Circle</td>
</tr>
<tr>
<td>Jackson, AL  36545</td>
<td>Opelika, AL  36801</td>
</tr>
<tr>
<td>Phone:  251-246-4025 or 1-800-283-8140</td>
<td>Phone:  334-749-8339 or 1-800-568-8428</td>
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<table>
<thead>
<tr>
<th>Colbert County – Muscle Shoals CRS</th>
<th>Madison County – Huntsville CRS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1450 E. Avalon Avenue</td>
<td>3000 Johnson Road</td>
</tr>
<tr>
<td>Muscle Shoals, AL  35661</td>
<td>Huntsville, AL  35805</td>
</tr>
<tr>
<td>Phone:  256-381-1212 or 1-800-285-9924</td>
<td>Phone:  256-650-1701 or 1-800-283-8140</td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Covington County – Andalusia CRS</th>
<th>Montgomery County – Montgomery CRS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1082 Village Square Drive, Suite 2</td>
<td>602 South Lawrence Street</td>
</tr>
<tr>
<td>Andalusia, AL  36420</td>
<td>Montgomery, AL  36104</td>
</tr>
<tr>
<td>Phone:  334-222-5558 or 1-800-723-8064</td>
<td>Phone:  334-293-7500 or 1-800-568-9034</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dallas County – Selma CRS</th>
<th>Mobile County – Mobile CRS</th>
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<tbody>
<tr>
<td>2906 Citizens Parkway</td>
<td>1610 Center Street, Suite A</td>
</tr>
<tr>
<td>Selma, AL  36701</td>
<td>Mobile, AL  36604</td>
</tr>
<tr>
<td>Phone:  334-872-8422 or 1-800-967-6876</td>
<td>Phone:  251-432-4560 or 1-800-879-8163</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Etowah County – Gadsden CRS</th>
<th>Talladega County – Talladega CRS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1100 George Wallace Drive</td>
<td>7 Bemiston Avenue</td>
</tr>
<tr>
<td>Gadsden, AL  35903</td>
<td>Talladega, AL  35160</td>
</tr>
<tr>
<td>Phone:  256-547-8653 or 1-800-289-1353</td>
<td>Phone:  256-362-9254 or 1-800-947-7140</td>
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<th>Tuscaloosa County – Tuscaloosa CRS</th>
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<tr>
<td>795 Ross Clark Circle NE</td>
<td>1110 Sixth Avenue East</td>
</tr>
<tr>
<td>Dothan, AL  36303</td>
<td>Tuscaloosa, AL  35401</td>
</tr>
<tr>
<td>Phone:  334-699-6600 or 1-800-677-9123</td>
<td>Phone:  205-759-1279 or 1-800-723-0490</td>
</tr>
</tbody>
</table>
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.
## 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 | 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  
| 256-647-6311  
| 205-338-3357  
| 205-664-2470 | PHA 11 | Mobile County*:  
| Keeler, Main Site  
| Semmes Clinic  
| Calcedeaver Clinic  
| Citronelle Clinic  
| Eight Mile Clinic  
| Newburn Clinic  
| Mount Vernon Clinic | 251-690-8158  
| 251-445-0582  
| 251-829-9884  
| 251-886-9126  
| 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 | *performs newborn screenings  
**performs occasionally  
Some HD have EPSDT MOUs with local physicians to perform screens for them.
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

This information is available in alternate format upon request.
Alabama Early Intervention System
Child Find Referral Form
1-800-543-3098
En Español: 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: __________________________


If Primary Race is Two or More Races: ☐ Hispanic/Latino ☐ American Indian/Alaska Native ☐ Asian
☐ Black/African American ☐ Hawaiian/Pacific Islander ☐ White

7. Home Language: __________________________

8. Medicaid: Y _____ N _____ Medicaid #: __________________________


CHILD RELATION INFORMATION

11. First Name: __________________________ Last Name: __________________________ MI: __________________________

12. Relation Type: __________________________


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
Revised 04/09
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 Philippines 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

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

YOU MAY WRITE THE WORDS INSTEAD OF CODE NUMBERS!

Revised 04/09
Children’s Rehabilitation Service 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.

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

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

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