

Newborn Screening (Heelstick and Pulse Oximetry) Exception Reporting Form

Facility:

Month:

For each child not screened or referred please COMPLETE the form below. If you are unsure how to complete this form, please refer to the instruction sheet provided.

Use the most relevant of the following codes to define why the child is listed on this page.

Not Screened Due To

- | | | | | | |
|-------------------------|---------------------------|---|---|----------|----------------------|
| 1. Transferred out | 2. Finally Screened | 3. NICU | 4. Initial Screen Due Next Month | 5. Death | 6. Religious Refusal |
| 7. Unauthorized Refusal | 8. Discharged without NBS | 9. Prenatally/Postnatally Diagnosed with CCHD | 10. Did not pass screen - referred out for care | | |

New Patient Intake

10. Transferred In From

Pass Screen (previously reported as not screened or transferred IN)

11. Passed 12. Did Not Pass

Use the following values to indicate the child's sex.

A. Ambiguous F. Female M. Male

Code	Transfers:		Refer To	Screen Date	Infant's			Mother's		Primary Care Physician's	
	Hospital Name	Date, Code (2 or 10)			Hospital ID (MRN)	First Name	Sex	First Name	Telephone	First Name	Telephone
					Last Name	DOB	Last Name		Last Name		

Comments (Indicate MRN):
