



Monthly Summary Report

HEELSTICK PULSE OXIMETRY

Date of submission: _____

Month/year data: _____

NOTE: Any infants who are discharged HOME without receiving a valid initial newborn screen must be reported immediately by phone to the ISDH Newborn Screening Program (888-815-0006).

Hospital/Midwifery Name: _____

Address: _____

Completed by: _____

Phone: _____ Fax: _____ E-mail: _____

Check here if your facility's contact information has changed from previous months. This will help the ISDH Genomics & Newborn Screening program keep e-mail and phone distribution lists current. Thank you!

SUMMARY DATA

Total number of live births this month:	
Total number of home births that received screening:	
Total number of walk-ins that received screening:	
Number of exceptions reported to ISDH this month:	
TOTAL NUMBER OF SCREENS*:	

*Number of screens = (live births + home births + walk-ins) MINUS # of exceptions reported to ISDH GNBS (**including "Finally Screened" & transfers**)

Completed reports are due by 5 pm EST on the first business day after the 14th of the following month. Most of the time, MSRs will be due by 5 pm EST on the 15th-- however, if the 15th falls on a weekend, MSRs will be due by 5 pm EST the following Monday. Please submit your MSR to:

ATTN: NEWBORN SCREENING FOLLOW-UP CARE COORDINATOR
Fax: (317) 234- 2995
Certified/Secure Email ONLY: ISDHNBS@isdh.IN.gov