

Newborn Screening Bulletin 2017-11

July 11, 2017

NEW NEWBORN SCREENING CARDS AVAILABLE

The newborn screening card has been modified to include the Critical Congenital Heart Disease (CCHD) results sheet *attached as part of the card* as all hospitals and midwifery practice groups are expected to be screening by the end of 2017. New cards are available for order through VWR using the [regular ordering procedure for newborn screening cards](#). The CCHD results sheet can be viewed on the next page of this bulletin.

If you are NOT YET SCREENING for CCHD

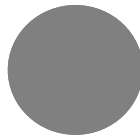
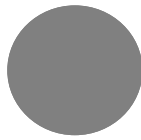
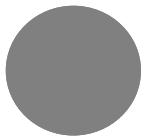
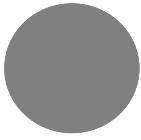
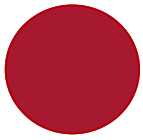
- The next time you order newborn screening cards they will have the CCHD results sheet *attached as part of the card*, even if you are not yet screening. Please leave the CCHD results sheet blank and attached to the newborn screening card when you send it to us, until you begin screening.
- Please let us know when you plan to start CCHD screening so we can support you in your transition and provide resources to assist you, by completing our [online form](#).

If you are ALREADY SCREENING for CCHD

- Please continue to use any remaining newborn screening cards with CCHD page inserts. Only order new cards when you need them.
- You may detach the CCHD results sheet from the rest of the newborn screening card if necessary for your screening workflow.
- Fully complete the CCHD screening page as indicated on our [card completion guide](#). Always label or fill out the demographics portion of the CCHD results sheet, even if it remains attached to the rest of the newborn screening card.
- If the blood spot sample is a repeat test, it is not necessary to repeat the CCHD screen. In this case, please leave the CCHD results sheet attached but blank.
- Ship the CCHD results sheet to NSO with the rest of the newborn screening card or separately if it has been detached. The two pieces need not travel together.

Finally, to support the implementation of CCHD screening, NSO sends separate [CCHD Newsletters](#) to our contacts for CCHD screening. Please e-mail nsocchd@cheo.on.ca if you would like to be added to this temporary distribution list.

Thank you for your continued involvement in ensuring every newborn in Ontario receives newborn screening.



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CRITICAL CONGENITAL HEART DISEASE (CCHD) SCREENING RESULTS SHEET

INFANT	Last Name		Y Y M M D D	
	First Name		Date of Birth	
	Health Card Number		H H M M <input type="radio"/> AM <input type="radio"/> PM	
	Submitter Unique Number		Time of Birth	
		N/A A B C		
		Multiple Birth		
		Sex: <input type="radio"/> M <input type="radio"/> F <input type="radio"/> Ambiguous		
		LABEL		

SUBMITTING HEALTH CARE PROVIDER	Hospital/Midwifery Practice Name	
	Address	City
	Screen Performed By: Last Name First Name	

Initial screen Evaluate screening result with NSO CCHD screening algorithm or evaluation chart

Y Y M M D D	R Hand: _____ %	<input type="checkbox"/> Pass
Date of CCHD screen	Foot: _____ %	<input type="checkbox"/> Repeat
H H M M <input type="radio"/> AM <input type="radio"/> PM	Difference: _____ %	<input type="checkbox"/> Refer *
Time of screen		

First repeat (if applicable)

H H M M <input type="radio"/> AM <input type="radio"/> PM	R Hand: _____ %	<input type="checkbox"/> Pass
Time of screen	Foot: _____ %	<input type="checkbox"/> Repeat
	Difference: _____ %	<input type="checkbox"/> Refer *

Second repeat (if applicable)

H H M M <input type="radio"/> AM <input type="radio"/> PM	R Hand: _____ %	<input type="checkbox"/> Pass
Time of screen	Foot: _____ %	<input type="checkbox"/> Repeat
	Difference: _____ %	<input type="checkbox"/> Refer *

* URGENT physician assessment required at time of screen

Reason screen not done (check box that applies)

- Decline/deferred (complete form on back of page)
- Infant in or is expected to be in NICU/SCN/PICU over 7 days
- Infant diagnosed prenatally with heart defect
- Infant diagnosed with heart defect by physical exam
- Other (ex. limb anomaly). Specify: _____