

### Newborn Screening Follow-up Form Overview

Section of Newborn Screening Follow-up Form	Overview
Complete required actions within 96 hours of the generation date and fax to Alberta Newborn Screening Program coordination team 403-476-8782	
ACTION ITEMS – Sign & date each entry (S/D)	<ul style="list-style-type: none"> <li>Place check mark in box corresponding with 'Action' taken</li> <li>Sign and date each completed action item</li> </ul>
All actions taken to be documented in infant's chart	<ul style="list-style-type: none"> <li>Document all actions taken in infant's paper or electronic chart</li> </ul>
<b>COMPLETED BY ALBERTA NEWBORN SCREENING PROGRAM COORDINATION TEAM</b>	
<b>Newborn ULI:</b> <b>Alternate ULI:</b> <b>Newborn's Name:</b> <b>Gender:</b> <b>Date of Birth:</b> <b>Birth Order:</b>	<ul style="list-style-type: none"> <li>Newborn information provided reflects the demographics contained in Person Directory</li> <li>Name may change from the time of generation to investigation of follow-up</li> </ul>
<b>Generation date (day 1):</b>	<ul style="list-style-type: none"> <li>Date which the follow-up was generated in Alberta Newborn Screening Program Application</li> </ul>
<b>Zone:</b>	<ul style="list-style-type: none"> <li>Original zone responsible</li> </ul>
<b>AD Clerk:</b>	<ul style="list-style-type: none"> <li>Name of the Alberta Newborn Screening Program coordination team member who created the form</li> </ul>
<b>Follow-up type:</b>	<ul style="list-style-type: none"> <li>Missing screen event, collection, low birth weight or minor</li> </ul>
<b>Action required:</b>	<ul style="list-style-type: none"> <li>Specific actions required for each type of follow-up:               <ul style="list-style-type: none"> <li>Data validation</li> <li>Collection</li> <li>Data validation &amp; if needed, collection</li> </ul> </li> </ul>
<b>Transfer from zone:</b> <b>To zone:</b> <b>Date:</b>	<ul style="list-style-type: none"> <li>Used when a transfer occurs from original zone of responsibility to another zone or First Nations community</li> </ul>
<b>Parent's name and phone:</b> <b>Address:</b>	<ul style="list-style-type: none"> <li>Parent or guardian demographics reflects information contained in Person Directory</li> </ul>
<b>Birth facility:</b>	<ul style="list-style-type: none"> <li>Newborn information provided reflects the demographics contained in Person Directory</li> </ul>
<b>TO BE COMPLETED BY THE ZONE</b>	
<b>Sent to (name or position):</b> <b>District office:</b> <b>Date (yyyy-Mon-dd):</b> <b>Fax number:</b>	<ul style="list-style-type: none"> <li>Indicate name or position, and district office the form is forwarded to</li> <li>This is for zone tracking if additional follow-up is required</li> </ul>
<b>Action 1: Data Verification</b>	
<input type="checkbox"/> Pending	<ul style="list-style-type: none"> <li>Verification of infant's correct gender or date of birth is in progress.</li> </ul>



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<input type="checkbox"/> Correction requested: <input type="checkbox"/> Newborn Screening Lab Correction <input type="checkbox"/> PD Correction	<ul style="list-style-type: none"> <li>Indicate what type of correction was required</li> <li>Complete the:           <ul style="list-style-type: none"> <li>Alberta Newborn Screening Laboratory Correction Form and fax it to the lab, <u>or</u> request correction with Patient Registration for a PD correction</li> </ul> </li> </ul>
<b>Action 2: Sample Collection</b>	
<input type="checkbox"/> Pending	<ul style="list-style-type: none"> <li>Attempts being made to contact parent or guardian, midwife, NICU, or</li> <li>Contact made to discuss newborn blood spot screening- no appointment scheduled</li> </ul>
<input type="checkbox"/> Appointment booked (yyyy-mon-dd):	<ul style="list-style-type: none"> <li>Sample collection booked on date indicated</li> </ul>
<input type="checkbox"/> Completed: Date of collection (yyyy-mon-dd):	<ul style="list-style-type: none"> <li>Sample collection completed on specific date and at location indicated</li> </ul>
<input type="checkbox"/> Pending Referred to: <input type="checkbox"/> Midwife <input type="checkbox"/> NICU Name:	<ul style="list-style-type: none"> <li>Identify if a midwife or NICU responsible for care of infant</li> <li>Notify midwife or NICU of follow-up and required actions</li> </ul>
<input type="checkbox"/> Transfer required: Infant residing in another zone or First Nations community. Family's new contact information:	<ul style="list-style-type: none"> <li>Document the present zone or First Nations community that the infant is currently residing in and fax back to the program for transfer</li> <li>Distribution clerk to fax to new area</li> </ul>
<input type="checkbox"/> Not required – collected under alternate ULI or HDP Specify number:	<ul style="list-style-type: none"> <li>Refer to Resolving Missing Screen Event (MSE) Algorithm</li> </ul>
<input type="checkbox"/> Not required – neonate stillborn or deceased:	<ul style="list-style-type: none"> <li>Confirm infant is deceased</li> <li>Sample collection not required</li> </ul>
<input type="checkbox"/> Out of province transfer required: Specify referral information: Name, province, phone or fax #, date and time of contact:	<ul style="list-style-type: none"> <li>Confirm infant no longer resides in Alberta</li> <li>Specify referral information</li> <li>Distribution clerk to manually close the follow-up</li> </ul>
<input type="checkbox"/> Refusal: <input type="checkbox"/> Physician <input type="checkbox"/> Parent <input type="checkbox"/> Guardian	<ul style="list-style-type: none"> <li>Sample collection refused</li> <li>Indicate who refused the collection</li> <li>Distribution clerk to manually close after receipt of a correctly filled out refusal form and confirmation from the lab of receipt of blood spot card with refusal written on it</li> </ul>
<input type="checkbox"/> Unable to locate the family according to Newborn Blood Spot Screening clinical policy suite	<ul style="list-style-type: none"> <li>Follow zone practice for contacting families</li> <li>Consult with Zone Designate for further actions</li> <li>Distribution clerk to manually close</li> </ul>
<input type="checkbox"/> Parent or guardian does not present according to Newborn Blood Spot Screening clinical policy suite	<ul style="list-style-type: none"> <li>Parent or guardian does not refuse but does not present</li> <li>Consult with Zone Designate for further actions</li> <li>Distribution clerk to manually close</li> </ul>

